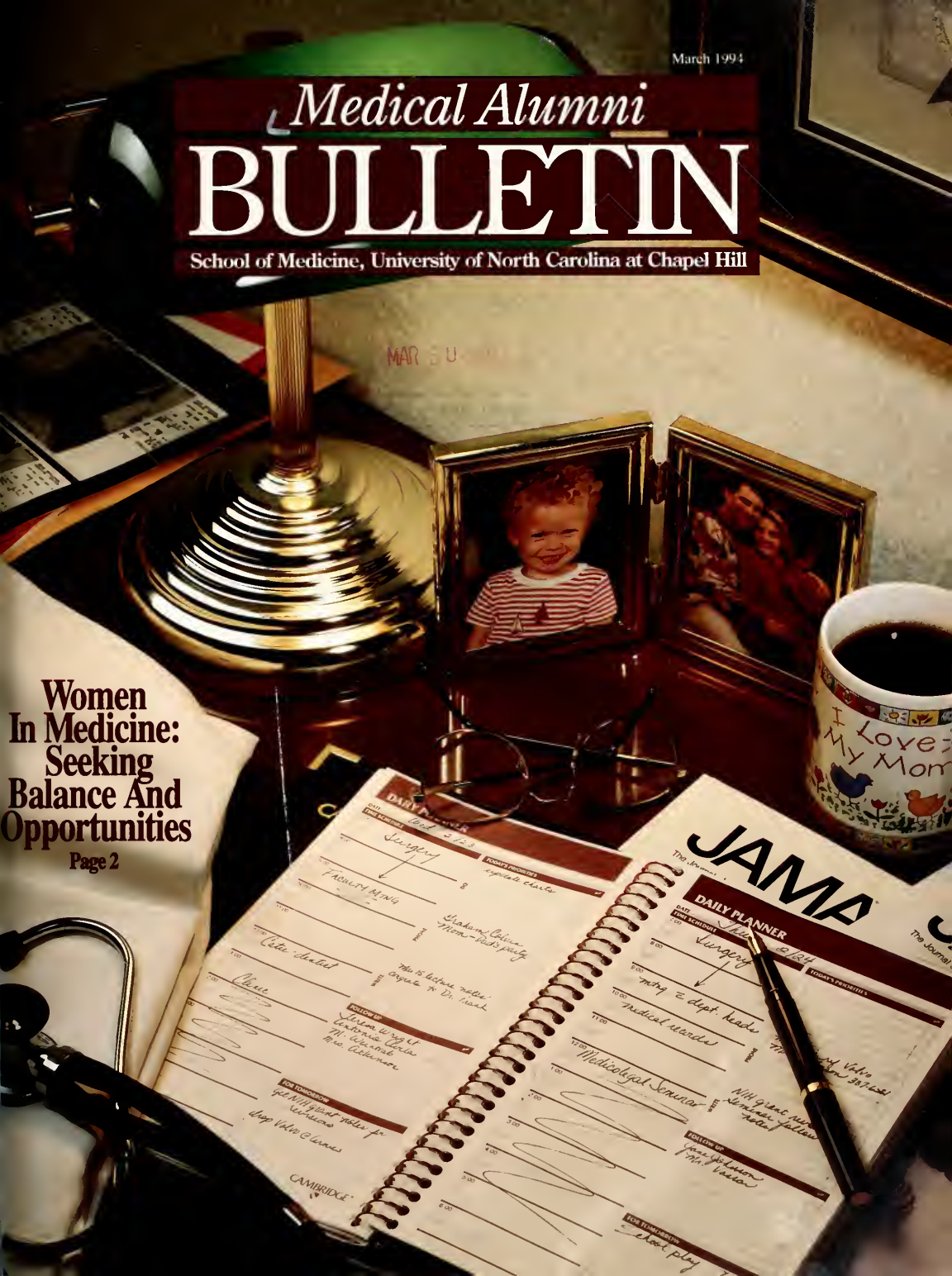
March 1994

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill



Women In Medicine: Seeking Balance And Opportunities

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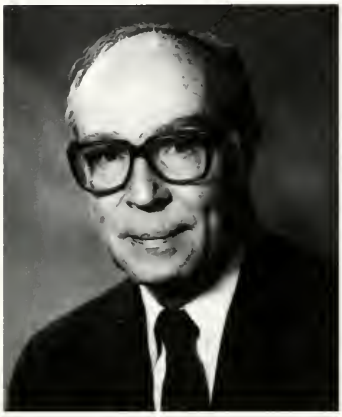
Dean's Page



3000 by 2000

At some point in our nation's history, the melting pot seems to have stopped melting. According to legend, at least, there was a remarkable assimilation of racial and ethnic groups into the United States over the first 100 years of our existence. In the last 100 years, however, a number of minority groups, notably African-American and Native American, have not only not been assimilated into our society equitably, but there is also considerable societal tension because of the non-assimilation. A recent survey shows that in our state, like the nation, more than 75 percent of our people of all races are deeply concerned with our failure to address adequately distinctions based on race in our society.

Our Medical School has an important role to play in helping our nation and its people to address this great societal problems.

First, we have a responsibility for assuring educational access for underrepresented minorities to careers in the health professions. Second, we have a responsibility to assure a health provider work force composed of racial groups in rough proportion to the presence of those groups in our population at large. Third, our medical schools represent a powerful potential source of support for society's efforts to address this problem more broadly.

To stimulate and support the nation's medical schools to address this problem, the Association of American Medical Colleges has created a program called 3000 by 2000, with the goal of assuring approximate proportional representation of underrepresented minorities among medical students by the year 2000. Each medical school in the United States has set a target and has committed itself to work toward all three purposes cited above.

We are fortunate to have distinguished leadership for our 3000 by 2000 project in the persons of former Dean and Chancellor Christopher Fordham and Leslie Walton, M.D., professor of Obstetrics and Gynecology. An extraordinary group of committed leaders has agreed to serve as an advisory committee to this program. Members of that committee are: Dr. William Bakewell, Dr. Donna J. Benson, Dr. Estrada J. Bernard, Jr., The Honorable Dan Blue, Mr. Moses Carey, Mr. Kenneth Cutler, Mr. W. Ashley Davis, Dr. Georgette A. Dent, Mr. Mark A. East, Dr. Henry Frierson, Mr. William Grant, Dr. J. Benford Hardin, Dr. Franklin Hargett, Ms. Carolyn Harris, Dr. Charles O. Harris, Dr. Elaine Hart-Brothers, Dr. Anthony E. Hilger, Ms. Alisa M. Hughley, Mr. Larry Keith, The Honorable Howard Lee, Ms. Lillian Lee, Dr. Laureen Lopez, Ms. Jan Lowery, Dr. Clark W. Luikart, Mr. Perry Mack, Ms. Carol Malloy, Dr. Elizabeth Mann, Dr. Allen Greene Mask Jr., Dr. David Mayer, Mr. John Mayfield, Dr. Carolyn M. Mayo, Dr. David Ontjes, Mr. Theodore Parrish, Ms. Martha Peck, Dr. Robert E. Phay, Dr. Marion Phillips, Ms. Margaret Pollard, Mr. Chester Preyar, Dr. Robert L. Reddick, Ms. Mabel O. Royal, Dr. Charles Sanders, Dr. J. Henry Sayles, Dr. Donald Smith, Dr. Rose Snipes, Dr. Gregory Strayhorn, Mr. Stephen J. Warshaw, Mr. Harold H. Webb, and Dr. Marcus L. Williams.

Significant activities have been under way for many years that will be included in Project 3000 by 2000. These include: the Medical Education Development Program; the Minority High School Summer Research Apprenticeship Program; the Medical School Recruitment Program; the Medical Students' CATCH. Program; Dr. Marcus Williams' Minority Research Scholars Program; and faculty tutoring at local middle and high schools.

On October 13, 1993, the School of Medicine hosted a day-long seminar with members of its 3000 by 2000 Statewide Advisory Committee. Presentations focused on the lack of minority health care professionals and its devastating impact on minority health.

In 1991, 4.1 percent of the state physician pool was African-American, and 0.1 percent was Native American. Fifty-seven percent of the African-Americans practiced in five of the 100 North Carolina counties. The shortage of minority physicians, distribution of manpower, and minority health emerged as critical issues.

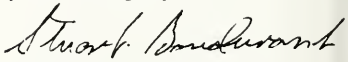
The Advisory Committee formulated a series of working approaches to attract under represented minorities to the health care professions. Programs are being formulated to target:

1. Early and middle school enrollees
2. High school students
3. College students
4. Parents of the above

and sensitize them early to careers in the health professions.

Initial efforts will begin on the UNC-CH campus and the Chapel Hill-Durham area, and we hope to include participants from throughout the state.

Many dedicated members of the faculty have worked diligently to create the strong minority presence that we now have. To be successful, our efforts to extend that presence and to contribute to lowering the differences that promote interracial tension throughout society will take the support and cooperation of all of us. The task is immensely important. I earnestly solicit your continuing help.



Stuart Bondurant, Dean

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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Women in Medicine: Seeking Balance, Opportunities

By Veronica Gontram

Mary Susan Kirk Fulghum is a dedicated wife and mother. She rises at 6 a.m. each day to get her family up and going. At night, she heads home to prepare dinner and eat with her family before rushing off to a meeting or speaking engagement. When she returns home, she spends three hours or so returning phone calls, dictating letters and paying bills.

Fulghum, M.D. '71, is also a full-time gynecologist in Raleigh. She juggles her family responsibilities with 12-hour days at Rex Hospital and Wilkerson Obstetrics & Gynecology. A night owl, she gets by on five hours of sleep a night.

Fulghum has a tough schedule, but she is not alone. More women than ever are entering medicine and taking on rigorous schedules that combine work and family life. Today, nearly 42 percent of all medical students are female. Women make up 43.8 percent of the medical student body this year at UNC-CH. The American Medical Association reported that the number of women physicians in the United States has grown from approximately 35,000 (9 percent) in 1975 to 118,000 (18 percent) in 1992. By 2010, it is estimated that women physicians will make up more than 30 percent of the physician population.

Despite the growing number of women in medicine, statistics show that medicine is still a man's world. The Association of American Medical Colleges reported that in 1991-1992, although 22 percent of full-time faculty were women, only 9.5 percent were full professors. The largest number and percentage were assistant professors.

A 1986 survey of 590 full-time faculty revealed that compared to men, women had equivalent productivity and training, yet they had lower academic rank, less time for research, less perceived support and less financial compensation.

Photo by Jay Mangum

Melanie Mintzer, M.D., instructs students on proper Pap smear technique.

Noelle Granger, Ph.D., professor of cell biology and anatomy and assistant dean for student affairs at UNC-CH, said that she believes that change for women in medicine will take time since medicine has been a male-dominated profession for so long. "It's a slow process to work women and minorities up the ranks in the system, especially in the academic system," she said.

Fulghum said that although statistics can paint a negative picture for women in her field, she feels that positive changes are taking place and progress is being made.

"In my 20-plus years in medicine, I have noticed different eras or phases that women in medicine have gone through," Fulghum said. "Phase I was when there were no women in medicine or very few to speak of. Phase II was when more women entered the profession but were led to believe that they could be successful only if they gave up everything else."

Fulghum said Phase III was made up of women from the "have-it-all generation." "I was one of them," she said. "When I entered medicine, I believed that I could be a wife, mother and doctor and give 100 percent to each of the three roles. Looking back, I can see that that was very unrealistic."

Fulghum said that women are now entering a new phase in which they are more realistic and more creative. "Instead of killing ourselves, we're working together to find ways to balance our professional and personal lives," she said. "And we're working harder for tenure and research opportunities."

Granger said she and Marie Bristol, M.D., assistant professor of psychiatry, founded the

Association for Professional Women in Medicine at UNC-CH four years ago to help women do just that. "We decided to have a formal organization that could offer vital support to women professionals at this medical center," said Granger, who is now president-elect of APWM. (The current president is Jean Smith, M.D., assistant professor of pediatrics.)

The group hosts a fall conference and spring lecture each year. It also has been involved with a salary-equity study and a survival manual for women in medicine. The survival manual, which will be available in about a year, addresses issues such as teaching, research, promotion, and balancing family and career responsibilities.

Melanie Mintzer, M.D., clinical assistant professor of family medicine, said that when she and other female faculty members attend APWM or similar meetings, they find they really enjoy talking with one another. "It really eases the anxiety and sense of despair and sense of being overloaded with so many different things when you can share it with someone else and say, 'You know how I did that? We just hired a college student to come in and do the baby-sitting on these nights.' Or, 'I was able to change my schedule this way.'"

Judith Tintinalli, M.D., professor and chair of emergency medicine, said that although women's professional organizations are helpful to some women, she has never turned to those groups for support. "It's something that I've never really needed," she said. "I have never felt any barriers to anything simply because I was a woman. I feel comfortable with men. I'm not intimidated. I feel on a par with them.

"Of course there are two sides of the coin," Tintinalli said. "There are some who say it's good to align oneself with others who are like them. There are others who feel it's better to mainstream. And you possibly need some of both."

Carol Lucas, Ph.D., professor and chair of biomedical engineering, said that support from her family was very important. "I had children when I was in graduate school," she said. "Fortunately for me, my husband and children were okay with pizza and fast food and the other things that were done when there was little time for cooking."

Fulghum also noted the importance of family support. "My husband, Jim [M.D. '71], always has been supportive and works right along side of me at home," she said.

Lucas added that having strong, supportive mentors was also key to her success. "My mentors — Drs. Ben Wilcox and Norman Coulter — were and still are very supportive," she said. "They gave me the time and resources necessary to get my research going."

Mintzer said that APWM sponsors mentoring activities that provide vital support to female students at UNC-CH.

"Everyone needs a mentor," said Mintzer, who has been leading an informal or formal group of women students at UNC-CH for 10 years. "Even if you're 45 or 50 years old, it is helpful for you to talk to a practicing woman physician who is 60 or 70. You can ask them, 'What have you done in your last 20 years? How have you continued to develop your career? What were the road blocks? How did you transcend them?'"

Granger said she has funds from the alumni association to provide mentor contacts to students who have few or none. Her office

> "Everyone needs a mentor. Even if you're 45 or 50 years old, it is helpful for you to talk to a practicing woman physician who is 60 or 70."
>
> Melanie Mintzer, M.D.

Judith Tintinalli, M.D., center, professor and chair of emergency medicine, talks with John Lance, D.D.S., left, and internal medicine resident Leslie O'Meara, M.D.

Photo by Will Owen

sends students each year to the annual conference of the American Medical Women's Association (AMWA), a national organization founded in 1915 to represent women physicians.

"Going to these meetings is incredibly inspirational," said Mintzer, who co-advises the UNC-CH student chapter of AMWA this year with Georgette Dent, M.D., assistant professor of pathology. "The meetings offer lessons in professional development. They really juice you up. You get to talk to women who are just amazing people, and I think that is clearly so important."

Dent said the UNC-CH student chapter of AMWA strives to do the same for students on a local level. "Mentoring and sharing experiences are such important ways for women in medicine to cope," she said. "As a result, we try to facilitate student access to women professionals in medicine."

Kathleen Hill, a fourth-year medical student at UNC-CH, said she found AMWA to be a constructive and proactive way to deal with the loneliness she felt as a first- and second-year medical student with predominantly male teachers. "AMWA was extremely helpful to me during my first two years at UNC," she said. "It provided a supportive environment for me during a time when I felt very alienated."

Dent said AMWA gives some students the opportunity to learn from the successes, struggles and mistakes of women professionals.

Granger was quick to add that although some students may prefer female mentors, men can help women, too. "There just aren't enough women out there," Granger said. "Medicine is still a man's world, and men can open doors for women."

Tintinalli agreed. "I had very fine mentors, but they were all men," she said. "And that's really how I've gotten along."

Fulghum said that she feels very fortunate to have worked with many men who support and encourage women in medicine. "In my experience, there's a great deal of camaraderie and support between male and female physicians," she said. "I hope we continue to work together to achieve realistic professional and personal lives. Not only will we benefit, but our patients and families will benefit as well." □

Note: The Women in Medicine program and the Whitehead Medical Society have been asked to co-sponsor the Medical Alumni Association's Spicer-Breckenridge Memorial Lecture on April 29, to be held in conjunction with the annual medical alumni weekend. The nationally known speaker will be Frances Conley, M.D., neurosurgeon and Stanford University professor who resigned for reasons of sexual harassment. She later rejoined the faculty.

Comprehensive Investigations Seek Understanding, Prevention of Alcoholism

By Barbara Proujan

Every year alcohol abuse and alcoholism cause about 100,000 deaths in the United States. The health, social and economic costs in this country alone are about $86 billion, according to the National Institute on Alcohol Abuse and Alcoholism.

With the opening this fall of the new Skipper Bowles Center for Alcohol Studies, the majority of the University of North Carolina School of Medicine alcohol researchers will be together, conducting diverse interdisciplinary research to explore many facets of alcohol addiction.

"This building represents the fulfillment of a long-time dream of the late Hargrove "Skipper" Bowles and his family, who believe that alcoholism can be prevented or cured," said Stuart Bondurant, M.D., dean of the School of Medicine. "Skipper Bowles was responsible for conceiving the idea for the center, funding it and sustaining it. He was truly dedicated to solving the problem of alcoholism, and this building stands as a lasting tribute to his efforts."

"The causes of alcoholism and alcohol abuse are almost certainly multiple and complex—genetic, biochemical, psychological and societal causes have been proposed—and the role of each needs definition and exploration, and we have researchers investigating most of these areas," said David Janowsky, M.D., professor and chair of psychiatry and the director of the center. "Our center spans pre-clinical to clinical research, a comprehensiveness that few other alcohol research centers have," he said. Janowsky is stepping down and a search is under way for a new director, but he will continue to be involved in alcohol research.

Janowsky explained that most of the alcohol studies at UNC-CH involve a principal investigator collaborating with other scientists. "Having one building for the majority of alcohol researchers will help lead to more creative research."

Determining Alcohol's Action

UNC-CH researchers are making great strides to understanding alcohol's mechanism of action. A recent finding contradicted the long-held belief that alcohol works uniformly in the brain to cause intoxication. "Instead, alcohol acts on receptors for specific neurotransmitters, one of which is gamma aminobutyric acid, or GABA," said A. Leslie Morrow, Ph.D., assistant professor of psychiatry.

"The structure of these receptors dictates alcohol's action," said Hugh E. Criswell, Ph.D., research associate professor of psychiatry.

Morrow and Criswell are working along with George Breese, Ph.D., professor of psychiatry and pharmacology, to determine how ethanol interacts with these neurotransmitter receptors to produce intoxication.

"Our goal is to define the structure of each of the receptors affected by ethanol," Breese said.

"If we can determine which structure is critical to the action of alcohol, we should be able to find ways to block alcohol's effects," Criswell said.

Research conducted by Alexi Kampov-Polevoy, Ph.D., a postdoctoral research associate in psychiatry, adds to the evidence that there might be one or more addictive genes or an addictive personality type. In his research, which helps him predict which rats will become alcoholic, rats are given a choice of drinking a saccharine-laced drink or water. Although all rats will drink the saccharine-laced drink, rats that go on to drink alcohol when it is provided tended to drink about three times more of the sweetened liquid than rats without these tendencies. To verify these findings in humans, Kampov-Polevoy is planning to lead a research study with about 150 families to determine if people with an alcoholic family member like sweet drinks more than those individuals without an alcoholic family member. Participants in the study will drink liquids with different amounts of sugar and indicate how sweet they think the drink is and how much they like it.

Serotonin, another neurotransmitter, is central to many studies conducted at UNC-CH. David Overstreet, Ph.D., research associate professor, breeds rats with differences in serotonin levels to explore the relationship between behavior and chemical systems. Now with three generations of animals, "we are seeing that serotonin is implicated in depression, anxiety and alcohol drinking," he said. "With several more generations, we may be able to say if this chemical is definitely related to changes in behavior," he said.

Overstreet also is investigating Xing-Jiu-Ling (XJL), a Chinese herbal mixture that has traditionally been used as an anti-alcohol agent. When injected into rats, it dramatically cut alcohol intake by up to 50 percent, but their intake of food and water remained normal, which indicates that the herb has a fairly specific action. While the herbal medicine has been known in China to reduce the effects of drunkenness in humans since at least the 1600s, before now no detailed experimental studies had been conducted. Next, Overstreet will determine if animals will vol-

Photo by Jay Mangum

James C. Garbutt, M.D., associate professor of psychiatry and director of the clinical research unit at Dorothea Dix Hospital in Raleigh, records notes while Bess Dew, R.N., nursing manager, infuses a patient. Garbutt's research may indicate individuals who have an increased risk for becoming alcoholic.

untarily drink a tea made from this compound of seven herbs, which is how humans ingest it. "The results from our early research are encouraging and suggest that this could lead to a drug that makes alcoholics less interested in drinking. But, there are a lot more studies that need to be conducted," he said. Overstreet, Criswell and Amir Rezvani, Ph.D., worked with Y. W. David Lee, Ph.D., of the Research Triangle Institute on the first XJL study.

Looking at Behavioral Issues

Rezvani, research assistant professor of psychiatry and assistant director of the Bowles Laboratory, has shown that animals deficient in serotonin display a wide range of behavior. If the same is true for humans, such a deficiency could cause behaviors ranging from impulsive actions to alcoholism to multi-drug abuse. "This indicates that a chemical deficiency could lead to a greater risk for a behavioral problem," he said.

Another important finding in the field of alcohol research was a discovery made by Rezvani showing that rats with genetic serotonin deficiency drink significant amounts of alcohol when given a choice between drinking alcohol or water. These animals are used to determine if a compound inhibits alcohol craving. When some of these drugs have been administered, rats switched from drinking alcohol to water and displayed no adverse side effects. Several compounds are being studied in mon-

keys to determine doses that might be appropriate for humans. Clinical studies are conducted after studies with monkeys show the compound continues to be promising.

In another important discovery, UNC-CH researchers determined that calcium channel blockers, commonly used to control blood pressure and heart rate, show potential for reducing alcohol intake. Some of the research conducted by Olgierd Pucilowski, Ph.D., research associate professor, and Rezvani demonstrated that when alcohol-drinking rats are treated with calcium channel blockers, their alcohol intake is reduced by at least 50 percent. "In rats that prefer to drink alcohol instead of water, when we treated them with calcium channel blockers, this preference went away. If this holds true for humans, it will be a major breakthrough," Pucilowski said. Another avenue Pucilowski is studying is whether calcium channel blockers lessen the severity of withdrawal symptoms in alcohol-drinking rats.

Evaluating Calcium Channel Blockers in Humans

Because the findings from animal studies were so dramatic, Janowsky and James C. Garbutt, M.D., associate professor of psychiatry and director of the clinical research unit at Dorothea Dix Hospital in Raleigh, are examining a calcium channel blocker in people to determine whether it continues to have anti-craving actions. The researchers are hopeful that the drug will decrease or eliminate alcohol craving. According to Janowsky, "If these drugs continue to show promise, they could be the first truly effective treatment for alcoholism."

"Calcium channel blockers or any of the other compounds being studied will not be magic bullets," Janowsky said. "Alcoholism is very complicated. If we find a drug that works, alcoholics still will need psycho-social intervention."

A substance abuse clinic is being established at UNC Hospitals. Janowsky and other UNC-CH physicians hope to be able to test XJL and other compounds with potential for reducing alcohol craving when the clinic opens this spring.

In other research, Garbutt discovered preliminary evidence that biological markers may exist that identify someone as being more vulnerable to becoming an alcoholic. He observed that male alcoholics had a blunted hormonal response to a brain hormone called thyrotropin-releasing hormone, or TRH. Some sons of alcoholic fathers tended to have a lower level of thyroid-stimulating hormone (TSH) released by TRH than did sons whose fathers were not alcoholic. This may indicate these individuals are at increased risk for becoming alcoholic.

"Should further studies uphold this finding, it may indicate that a certain subtype of alcoholics is associated with a blunted TSH response to TRH," he said. "Taken together with family and twin studies, this finding could suggest this is a genetic risk marker for alcoholism. If the marker arises before the onset of alcoholism, it may allow researchers to better understand what happens biologically. Also, it might suggest some successful pharmaceutical interventions," said Garbutt.

"With a comprehensive research program and the closer interactions the new alcohol facility will provide, our investigators will continue to elucidate the myriad mechanisms underlying alcoholism, and develop new and creative methods of treating or preventing this pervasive disease," Bondurant said. "Skipper Bowles' efforts to eliminate alcoholism will live on in the Bowles Center." □

Photo by Jay Mangum

A. Leslie Morrow, Ph.D., assistant professor of psychiatry, performs studies to understand alcohol's action in the brain.

Building a Tribute to Vision, Leadership of Skipper Bowles

A new facility to be dedicated this fall will house the majority of alcohol researchers at the School of Medicine. The Skipper Bowles Center for Alcohol Studies is named for the late Hargrove "Skipper" Bowles of Greensboro, a businessman and North Carolina political leader.

"This building will fulfill the vision and the dream of the late Hargrove "Skipper" Bowles, who saw that having this building and a concentrated group of investigators surely will be instrumental in furthering our understanding of alcoholism and our ability to treat and prevent this widespread disease," said Stuart Bondurant, M.D., dean of the School of Medicine.

Located at the corner of Manning Drive and South Columbia Street, the center will provide a central site for training and research into the problems associated with alcohol abuse and alcoholism. Research at the center encompasses a broad spectrum of work, from studies on drugs to treat alcoholism to the effects of alcohol on behavior and biochemistry; to genetic and behavioral differences in families and individuals at high and low risk for alcoholism. "Heightened understanding of these factors could lead to improved prevention and treatment and, possibly, to the reversal of the most severe effects of alcoholism and alcohol abuse," said David Janowsky, M.D., professor and chair of psychiatry and director of the center.

The building recognizes Bowles' dedication to the University of North Carolina and his belief that alcoholism was a solvable problem. During his tenure in the General Assembly, Bowles sponsored legislation that created the original Center for Alcohol Studies. This new building, for which construction began in November 1990, "demonstrates the joint commitment of the School of Medicine and the North Carolina General Assembly to furthering the understanding of the most wide-spread and costly drug-caused disease," Janowsky said.

Development Notes

Loyalty Fund Supports Health Sciences Library

Medical students, house staff and faculty spend a lot of time in the UNC Health Sciences Library. Thanks to the Loyalty Fund, they can now take advantage of some of the newest computer equipment available. The Fund has committed $125,000 to establish a media teaching lab.

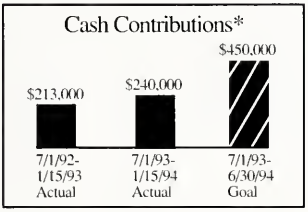
"This lab is a high priority to the library, due to the rapid increase in use of computer-based instruction in the medical and other health affairs curricula," said Carol G. Jenkins, director of the Health Sciences Library. "We are pleased to recognize the significant support from the Medical Alumni Association," she added

William E. Easterling, M.D., associate dean for continuing medical education and alumni affairs, noted how important alumni support is for this kind of program. "Libraries across the country are struggling to meet student needs while facing significant budget cuts," he said. "Yet, the library is integral to the education of medical students, as well as to research for students and faculty.

"By supporting this lab, the Loyalty Fund ensures access to some of the latest technology that otherwise would not be available."

Jane McNeer, director of development for The Medical Foundation, agreed. "Through their support of the library, our medical alumni will have a direct effect on the practice of medicine at UNC, other institutions in North Carolina and throughout the country," she said.

Loyalty Fund Update



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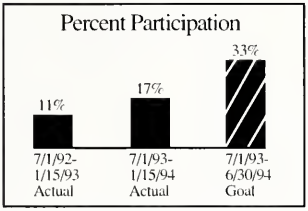
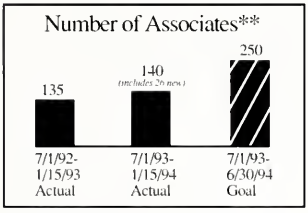




**Alumni who have contributed $1,000 or more to the Loyalty Fund.

Fischer Professorship Established

Contributions have surpassed the $500,000 financial minimum to establish the Newton D. Fischer distinguished professorship in otolaryngology/head and neck surgery. The endowed professorship honors Fischer, who established the Division of Otolaryngology/Head and Neck Surgery in 1952.

"The loving care of a man of this depth is the sort of support an individual needs to really accomplish his best work," said Harold C. "Rick" Pillsbury, M.D., current division chief and one of 34 residents Fischer trained who have become leaders in their field.

Contributions to the professorship may be made in care of The Medical Foundation Inc., 880 Airport Road, Chapel Hill, N.C. 27514.

Biofeedback Helps Children Overcome Stress, Pain

Vivian Smith, a biofeedback technician, helps Elliott Hazen.

By Barbara Proujan

For several months, Michael Pepple, a 17-year-old from Fort Wayne, IN, experienced pain so intense it kept him from attending school. He was unable to play football or basketball with his friends.

Every time Michael, a cystic fibrosis patient, coughed, the pain in his back and neck became so unbearable, he didn't want to cough, although it helps clear his lungs of the sticky mucus build-up CF causes.

Today, he is shooting baskets, going to school and is better able to clear his lungs. Best of all, he says, he feels great.

He attributes the difference to Medwell, a health and stress management program of the School of Medicine and UNC Hospitals.

The goal of Medwell is to evaluate and treat stress-related medical problems such as tension, migraine headaches, chronic pain, hypertension, cardiovascular problems, gastrointestinal pain and back pain, as well as anxiety, post-traumatic stress disorder and panic attacks.

Medwell staff often work with patients from the pain clinic, the lung transplantation program and the clinical cancer center.

"How you feel affects your health," said Brian Stabler, Ph.D., associate professor of psychiatry and pediatrics. "Positive thinking may help people better cope with an illness and may contribute to a faster recovery. Conversely, stress makes individuals more vulnerable to illness. Your defenses decrease when you're stressed."

Medwell aims to improve patients' health by making them aware of physiological parameters that they are not conscious of normally, such as heart rate, body temperature, blood pressure or muscle tension.

For example, when people are stressed they may unconsciously tense muscles in their face or neck or their blood pressure may increase. And just as a metal that is overstressed shows strain or breaks, stress in people can be detrimental to their health or increase the toll of disease.

Medwell is not an alternative to conventional medicine, Stabler emphasizes. "Medwell complements other therapies, which may include medication, physical therapy or psychotherapy."

"In the program, patients learn how their bodies respond to pain and stress in real-time and what they can do to alter those responses in a way that reduces the symptoms and improves their functioning," said Eric W. Jensen, M.D., associate professor of psychiatry, who sees adult patients. "We ask them to become actively involved in their treatment."

There are two interconnected components to Medwell. One part involves teaching patients how to reduce stress by using techniques such as progressive muscle relaxation, deep diaphragmatic breathing and guided imagery. Patients also receive individualized relaxation tapes to listen to at home.

The second component is biofeedback and involves a computer system with a video game-like display.

For biofeedback, patients are hooked up to the computer system with electrodes and sensors placed on various body areas, such as hands, forehead or neck. Bioelectric signals related to a patient's physiological state, including an indication of overall stress level, are sent to the computer. Signals are monitored continuously and are fed back to patients as visual images and an auditory signal.

> "Positive thinking may help people better cope with an illness and may contribute to a faster recovery."
>
> Brian Stabler, Ph.D.

On the computer screen, data are displayed in one of 12 different ways, including bar graphs, fan graphs or line graphs. Patients use relaxation techniques to consciously change the values. Some of the new child-friendly screens include a basketball that patients attempt to dunk into a hoop or a UFO that lands on a planet as a patient's stress level decreases.

Success is indicated by a color change from red to green when the target range is reached. Tar Heel fans will be happy to learn that the basketball changes to Carolina Blue when it is dunked. "This visual feedback is one way of telling patients they are becoming relaxed," said Stan Hutcheson, a biomedical engineer who developed the system. The auditory signal also provides a conscious reminder of how patients are doing. The pitch increases as stress climbs or decreases when stress is reduced.

Patients strive to keep the graph or other display in the color corresponding to low stress. When this goal is routinely achieved, biofeedback therapist Vivian Smith selects a new, lower target level for each patient to strive for until a patient can consistently relax when using the system.

Pepple, who was at UNC Hospitals for cystic fibrosis treatment, was an extremely fast learner. After only four sessions, his neck and shoulder muscles were much more relaxed and he was released from the program.

"When Michael first came here, every time he coughed he tensed his shoulder muscles. They were literally up to his ears," Smith said.

"He would brace himself before he coughed, which made the pain more pointed," Stabler said. "We had to train him to cough without hurting himself."

In addition to using the computer biofeedback system, Michael did relaxation exercises at home and continues to practice them.

"I do biofeedback every day, at least once a day or when I have muscle tension," he said. Some relaxation techniques he uses include deep breathing and trying to relax muscles individually.

Currently, about 20 percent of patients treated are children. "Several years ago," Jensen said, "most people thought that children couldn't learn self-regulation techniques. But, as it turns out, they are probably more efficient at learning than adults are. They usually rapidly acquire the necessary skills. It is like a game, but it benefits them," he said.

Pepple is a video-game fanatic and thinks that this helped him quickly master using Medwell's computerized biofeedback.

"Typically when patients incorporate relaxation techniques into their lives, dramatic changes like Michael's are relatively common," Stabler said.

"By using this program, people build a sense of well-being that is programmed into their lives." □

Project 3000 by 2000: Solving the 'Pipeline Problem'

By Stefanie Groot

Medical educators across the country have concluded that recruiting is not the only answer to increasing the number of under represented minority students who enter their doors. To boost these numbers, they say, they must get minority students interested in the sciences and in medicine early in their academic careers.

"Project 3000 by 2000," an initiative launched in 1991 by the Association of American Medical Colleges, is designed to enhance the pool of minority medical school applicants. As its name suggests, the project is intended to increase to 3,000 the number of underrepresented minorities who matriculate in medical schools by the year 2000. The AAMC defines underrepresented minorities as African-Americans, American Indians, Mexican-Americans and mainland Puerto Ricans.

"The real goal of 3000 by 2000 is proper representation of minorities in medical practices," Stuart Bondurant, M.D., chair of the AAMC and dean of the School of Medicine, explained. "The number of medical students and ultimately physicians should be proportionate to the different ethnic mixes in the population."

According to a report presented at the plenary session of the 102nd meeting of the AAMC in 1991, nearly 75 percent of African-Americans, American Indians and Hispanics with college science degrees applied to medical schools in 1987. Thus, medical schools like UNC-CH are attracting the majority of viable minority candidates. There just are not enough of these candidates to increase the overall number of minority matriculants each year. Advocates of 3000 by 2000 call the chronically small pool of minority applicants to medical school the "pipeline problem."

Elizabeth Mann, M.D., associate dean of admissions for the School of Medicine and a member of the 3000 by 2000 steering and advisory committees for the school, said, "We on the 3000 by 2000 committees have agreed that simply implementing strategies to reach our goals without trying to remedy the pipeline problem is not enough. We want to work toward long-range changes."

The long-range changes Mann cited include exposing elementary, middle and high school students to medical careers and enriching their science education. The goal is to interest them in the sciences and ensure they are prepared to pursue pre-medical curricula in college. The 3000 by 2000 committee also wants to familiarize minority college students with medical school and careers in medicine.

The School of Medicine has been a leader in sponsoring this type of pre-medical preparation. "UNC has been working toward these goals for at least two decades," Bondurant said. "We have done twice as well as the average medical school toward enhancing the representation of underrepresented minority students in medicine.

"3000 by 2000 is grafted on decades of good work, and we are formally embracing this program as a way to extend our efforts."

One example of these efforts is the Minority High School Research Apprentice Program, directed by Marion Phillips, D.Mn., associate dean of the School of Medicine. The eight-week summer research program, which has been operating for 13 years, provides minority high school students the opportunity to pursue scientific research projects with professors from the medical school. They perform eight hours of research daily and present final papers on their research projects. According to Phillips, the research program is designed to tap these students' intelligence, spark their interest in the sciences and build their confidence in their scientific abilities.

The goals of the Minority High School Research Apprentice Program are consistent with the objectives of 3000 by 2000. "The challenge is to expand the pool of people who are interested or curious about science and have mastered the tools of abstraction that will prepare them to go into any of the sciences," Phillips said. "This, in turn, may increase the number of people who are equipped to go into medicine."

Another UNC-CH program that is meeting the objectives of 3000 by 2000 is the Medical Education Development Program (MED), which the School of Medicine has operated for nearly 20 years. The nine-week summer program is designed to prepare underrepresented minority and economically disadvantaged college students and graduates for the rigors of medical school. Larry Keith, director of the MED Program, explained that the 60 to 65 students who participate in the MED Program each year spend 215 hours in basic science classes and more than 100 hours attending seminars, skills workshops and clinical sessions. Through this intensive process, the students improve their study skills and get a taste of what medical school is like.

"It is a shock for the students. Regardless of what schools they have attended, they still undergo an adaptation," Keith said. "They become accustomed to the studying mechanism necessary to succeed in medical school."

The MED program does not stop at

preparing the students for medical school. It also enhances their chances of being admitted. Between 80 percent and 85 percent of students who attend MED each year are admitted to health-profession schools, Keith said. "There is no doubt about it. We are seeing our former students participating in the admissions process at medical schools all over the country. As a result, those institutions are believing in MED. If admissions offices at these medical schools see a good evaluation from MED, they jump on it."

While Phillips and Keith acknowledge the success their programs have had in preparing minority students, they stress that the School of Medicine should not be complacent and rely on its impressive track record. Keith, who also furthers the goals of 3000 by 2000 by visiting elementary and middle schools to talk about health careers, said, "We have already started the fireworks — the mechanism is already here. But there is always room for improvement. Personally, I think 3000 by 2000 both reminds us that we shouldn't let our guard down and enhances our current efforts."

How will the School of Medicine build on the progressive work it has done so far? Former Dean and Chancellor Emeritus Christopher Fordham III, M.D., and Leslie Walton, M.D., professor of obstetrics and gynecology, who coordinate 3000 by 2000 at the School of Medicine, described some of the school's future plans.

"We will put more emphasis on communicating with undergraduate institutions," Fordham said.

"And we will try to have science enrichment courses for high school students at the School of Medicine," Walton added.

In addition to an enrichment program, Walton suggested that the School of Medicine create a program to expose minority high school students to medicine and allied health careers by bringing them into the medical school one day a week. Several medical schools already have implemented such programs.

"What we would like to do at UNC-CH is start some type of Saturday program for high school students," Walton said. "Then they could see role models in medicine and learn how their science enrichment knowledge could be applied." □

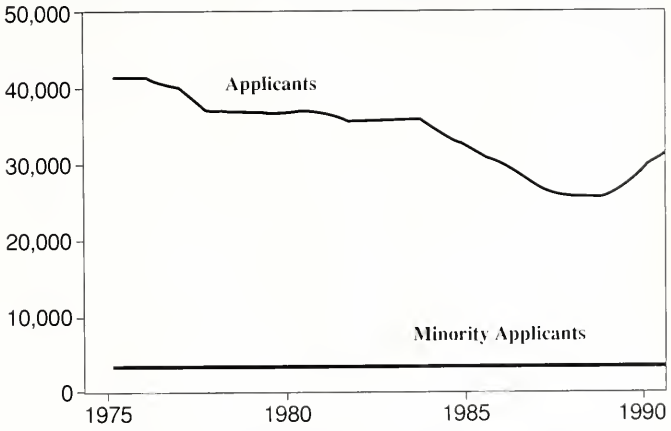
Table I: Percentage Increase in Racial/Ethnic Groups

Racial/Ethnic Group	% of 1990 Population	% Change 1980-90
White	80.3%	+6.0%
Black	12.1%	+13.2%
Mexican-American*	5.4%	+54.4%
Puerto Rican*	1.1%	+35.4%
Other Hispanic*	2.3%	+59.0%
American Indian	0.8%	+37.9%
Asian/Pacific Islander	2.9%	+107.8%
Other	3.9%	+45.1%
Total U.S.	**100%**	**+9.8%**

Source: U.S. Census
**Persons of Hispanic origin may be classified in other groups as well.*

Despite overall increases in minority populations as a percentage of the total U.S. population, minority applications to medical schools have remained flat.

Table II: Number of Medical School Applicants



Source: U.S. Census. From: "Not A Choice, An Obligation," presented by Robert G. Petersdorf, M.D., president, AAMC, November 10, 1991, at the plenary session of the 102nd meeting of the AAMC.

Parlyn and Robert Hatch, '91: Views on Mentoring in Medicine

By Stefanie Groot

In a generation where two-profession marriages are the norm, marriages in which both spouses are physicians are still unusual. Parlyn and Robert Hatch's marriage is even more unusual because they are doctors and they are African-Americans — two of the fewer than 21,000 African-American physicians in the United States, according to the 1990 U.S. Census.

Parlyn Hatch, M.D., and Robert Hatch, M.D., '91 graduates of the School of Medicine, are doing their residencies in radiology and orthopedic surgery, respectively, at Howard University. On a rare Saturday morning together at their home in Washington, D.C., the couple recalled their experiences as African-Americans pursuing medical professions. They also reflected on the need for role models for aspiring doctors in the African-American community and in the medical school environment.

Although Robert grew up with a powerful role model in his father, John W. Hatch, Dr. PH., a William R. Kenan Jr. professor in the UNC-CH School of Public Health, he is keenly aware of the lack of such examples in society at large. "It's important to have respectable role models," he said. We need to become more high-profile and show there is something out there for African-Americans other than sports and entertainment."

The first person in her immediate and extended family to become a doctor, Parlyn keenly felt this lack of professional role models. "I really didn't consider going into medicine until college. I did not know how to go about it or what was involved."

Luckily, programs were available to familiarize promising students such as Parlyn with medical education and practice. "I did three of these types of programs. One was at East Carolina University after my freshman year. After my sophomore year, I participated in the Harvard Health Professionals Program, and the year before medical school I attended MED."

MED, the Medical Educational Development program conducted each summer by the UNC-CH School of Medicine, is an enrichment program designed to prepare underrepresented minority students who are interested in attending medical school. Today, Parlyn still runs into MED alumni. "It is an excellent program. Everywhere I go, I meet people who participated in the MED program," she said.

As in Parlyn's case, Robert's interest in science and medicine was fostered early in his academic career. During the summer before his senior year in high school, he participated in the Minority High School Summer Research Apprenticeship Program in basic sciences run by Marion Phillips, D.Mn., associate dean of the School of Medicine. "It is bench research involving eight weeks with an attending physician. High school students are also under the tutelage of a medical student, and their work culminates in a presentation of the research project," Robert explained. "I worked with Robert Reddick. He turned me on to medicine. It is really a unique experience that builds your confidence." Reddick, a physician, is Kenneth M. Brinkhous distinguished professor of pathology.

Parlyn and Robert's positive experiences in these preparatory programs translated to their successes in medical school. When he was selected for admission to the School of Medicine in 1987, Robert received one of the Board of Governors Scholarships, which helped fund his medical education at UNC-CH. Parlyn was selected for the Ciba-Geigy Community Service Award in 1989, the Heusner Pupil Award in 1990 and the James Bell Bullitt Award in 1991.

The Hatches downplay their academic achievements, but speak enthusiastically about their mentoring activities. Both believed so much in their respective preparatory programs at UNC-CH that they assisted in these programs while they were medical students. Parlyn was a teaching assistant and later the assistant director of MED during her first two years of medical school, and Robert served as an assistant in the research program during the summer between his first and second years of medical school.

Parlyn and Robert's continued involvement in these types of programs attests to their faith in the efforts the School of Medicine has been making to enhance the educational experience of minority students. "I look back and feel that UNC has done an excellent job recruiting and retaining minority students," Parlyn said. "When other students hear about my experience at UNC, they are amazed."

Robert agreed. "Our class was our support," he said. "We had a close-knit group. And Dr. Strayhorn, Larry Keith and Marion Phillips were great supporters." Gregory Strayhorn, M.D., is associate dean of academic and student programs. Keith is director of MED.

While they enjoyed support from administrators and students, Parlyn and Robert had difficulty finding mentors from similar backgrounds in their specialties. Parlyn, who changed from pediatrics to radiology, noted, "There were lots of women in medicine, but few black women." And in her

Photo: Howard University College of Medicine Biomedical Communications

Robert and Parlyn Hatch, M.D. '91

chosen field, radiology, there were no black women professors. Parlyn said she feels greatly indebted to Etta Pisano, M.D., an assistant professor of radiology, director of the Breast Imaging Section, and one of five women in the radiology department at UNC-CH. "I did a project with her, and she was instrumental in involving me in the field," Parlyn said.

Robert noted that UNC-CH's lack of minority physicians in some specialties poses a problem for students pursuing careers in those fields. "In the especially competitive specialities, you need some heavy hitters in your corner," Robert said. "I think it's a little more difficult to find a mentor in those specialties. It's hard to find someone to take you under their wing, and it can be very difficult if you don't know anyone in the field with a similar background with whom you can discuss personal lives and how their job affects them."

His desire for African-American role models in his specialty influenced Robert's decision to do his postgraduate work at Howard University, a historically black institution. "I had never seen a black orthopedic surgeon. That is why I decided to go to Howard to do an internship. There I actually worked with black orthopedic surgeons."

If Parlyn and Robert leave Howard when they finish their residencies, it is likely they will work in medical settings where African-American doctors are underrepresented. They are aware that, especially in these settings, they will be called on increasingly to advise minority medical students. Given their experiences working with minority students at UNC-CH and their own desires for more minority mentors, it is not surprising that Parlyn and Robert welcome this responsibility.

"I'm actually looking forward to it," Parlyn said. "You don't want to limit yourself to encouraging only minority students, but you keep your eyes open for them. I'll seek out students who are looking for mentors." □

Faculty Notes

Louis E. Underwood, M.D., professor of pediatrics and nutrition at the School of Medicine, received the 1993 American Academy of Pediatrics Nutrition Award. The award, sponsored by the Infant Formula Council, recognizes outstanding achievement in research relating to nutrition of infants and children.

Underwood

The award recognizes Underwood's 25 years of research describing how hormones influence fetal and childhood growth. He is known as one of the leading authorities on how growth hormone and insulin-like growth factors influence growth. Underwood has worked extensively with David R. Clemmons, M.D., professor and chief of the endocrinology division at the School of Medicine.

Alfred R. Hansen, M.D., Ph.D., was installed as president of the Durham-Orange County Medical Society in December. He will head the 1,132-member professional association, which was chartered in 1903. Hansen is a professor in the departments of Emergency Medicine, Surgery, Family Medicine and Anesthesia. He also is associate chief of staff and medical director of ambulatory care for UNC Hospitals and the medical school.

Hansen

Arthur J. Prange Jr., M.D., Boshamer professor of psychiatry, was elected to the Administrative Board of the Council of Academic Societies (CAS), one of the constituent groups of the Association of American Medical Colleges. For the past five years, Prange has represented the American College of Neuropsychopharmacology with the CAS.

A conference room in Wing C of the School of Medicine has been dedicated and named in honor of the late **Donald L. Dunphy, M.D.,** distinguished pediatrician and scholar. During the course of his career, Dunphy served as director of the Medicine-Pediatrics Residency Training Program, director of the newborn nursery at UNC Hospitals, acting chair of the Department of Family Medicine and associate chief of staff at the Hospitals. The dedication was sponsored by the Area Health Education Centers Program and the Division of Community Pediatrics.

Terry Van Dyke, Ph.D., associate professor of biochemistry, is now a member of the Molecular Biology Study Section, Division of Research Grants, National Institutes of Health. She will serve in this capacity until June 30, 1997.

Van Dyke

Don K. Nakayama, M.D., associate professor of surgery and pediatrics, is the new chief of pediatric surgery at the School of Medicine. He looks forward to providing educational support and advice to primary care pediatricians across North Carolina.

"I am very anxious to get out and meet with primary care pediatricians in the state to find out how we can be helpful," said Nakayama, an expert on prenatal diagnosis and treating birth defects.

Culley C. Carson III, M.D., has joined the Department of Surgery as professor and chief of urology. He has established a male sexual dysfunction clinic that "looks at all facets of impotence," he said. "We see patients with diabetes, vascular disease and blood pressure and hormone problems. We also work with patients who need reconstructive surgery." Carson is developing post-graduate medical education courses on a variety urology topics.

William G. Cance, M.D., assistant professor of surgery, has received the 1994 George H.A. Clowes Jr. Memorial Research Career Development Award from the American College of Surgeons. Cance will receive $200,000 over five years to support his research.

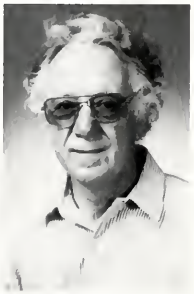
Cance

Besides performing surgery on cancer patients, Cance studies genes that enable the body to suppress tumors and genes that allow cancers to spread. His research is aimed at improving understanding of what causes malignant cells to invade previously unaffected parts of the body.

Colin Hall, M.D., professor and vice chair of neurology and director of the UNC-CH AIDS Neurologic Center, has been named vice chair of the Neurology Committee of the National AIDS Clinical Trials Group. He will serve in the post two years before starting a two-year term as chair. The group, formed in 1985 by the National Institutes of health, combines resources of 59 top clinical centers, mostly in U.S. academic medical centers, to speed the development and testing of new treatments for HIV and AIDS.

Smithies, Schopler Receive State's Highest Award

Oliver Smithies, M.D., a pioneer in molecular genetics, and **Eric Schopler, M.D.**, a pioneer in autism treatment, have received North Carolina Awards, the highest honor bestowed by the state. Smithies received the award for science, and Schopler received it for public service.

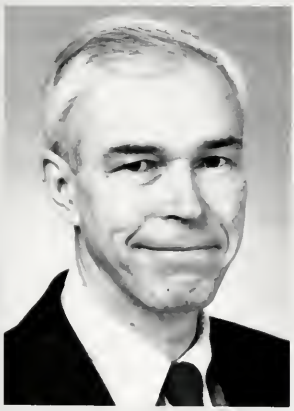


Smithies

Smithies, Excellence professor of pathology at the School of Medicine, is known in part for creating the gene-targeting techniques that allow scientists to disable a single gene in a living mouse and study the consequences. Since about 90 percent of human and mouse genes are identical, so-called "knock-out mice" can serve as models for many human diseases and allow tests of drug and gene therapy effectiveness.

Schopler

Schopler, professor and associate chair of psychiatry, spent much of his professional life establishing and directing the medical school's Treatment and Education of Autistic and Communication Handicapped Children (TEACCH) program, which continues to set the standard for comparable programs across the U.S. and abroad.



John C. Parker, M.D.

Memorial Tribute Held for Parker

A memorial tribute to John C. Parker, M.D., Kenan professor of medicine at the School of Medicine, was held Dec. 9 in the William and Ida Friday Center in Chapel Hill. Parker died Nov. 22 after a long illness.

During his service to the university, Parker became one of the nation's best-known experts on mechanisms of salt and water transport across biological membranes. He published 40 original papers and collaborated on 27 others. He also received numerous awards for excellence in teaching, including the Distinguished Faculty Award. He was honored in 1993 by both the American Physiological Society and the UNC Lineberger Comprehensive Cancer Center.

The John C. Parker Professorship Fund has been established in his memory. Contributions to the fund may be made in care of The Medical Foundation Inc., 880 Airport Road, Chapel Hill, N.C. 27514.

Class Notes

Manning Berryhill Club

Roger A. Smith, M.D. '45, has discontinued his surgery practice and is now a neurosurgical consultant in the San Bernardino, CA, area. He contributes historical articles to the area's monthly county medical bulletin.

Jesse H. Meredith, M.D. '49, was presented the "Honored Surgeon Award" of the American College of Surgeons, N.C. Chapter. Bowman Gray recently renamed its surgical research facility the Jesse H. Meredith Laboratories of Surgical Research.

50s

James C. Parke Jr., M.D. '54, is director of pediatric research at the Carolinas Medical Center in Charlotte. He served from 1968 to 1991 as chair of the Department of Pediatrics.

Cornelius T. Partrick, M.D. '54, has retired from Pamlico Internal Medicine Associates. He is now teaching part-time at the ECU School of Medicine.

60s

Robert B. Payne, M.D. '60, is medical director for HealthTech Inc. He retired in 1991 after 27 years of practice in internal medicine and cardiology and is now a consultant with a mobile cardiac cath lab company.

John M. McLean, M.D. '63, is associate professor of clinical neurology and chief of neurology and program director of the neurology residency program at the University of Illinois at Peoria.

Chet W. Taylor Jr., M.D. '63, is serving as state chairman of the Hawaii Health Department's Comprehensive Center Chiefs. His son, Chet III, is a freshman at UNC-CH. He invites anyone "out this way" to come fish, scuba dive for lobster and sail.

Leslie B. Branch, M.D. '65, is now in private practice with Drs. Mayer and Kareem in Lexington, KY. He is an associate professor in the Department of Medicine at the University of Kentucky. He retired from the U.S. Army at the rank of colonel after 30 years.

Patrick T. Malone, M.D. '68, had his second book published, "The Windows of Experience." He lives in Atlanta.

70s

Roberta S. Gray, M.D. '72, has left the Department of Pediatrics at ECU and is now practicing at Metrolina Nephrology Associates, P.A., in Charlotte.

Marguerite G. Pennington, Ph.D. '72, has retired and is now living in Goldsboro.

Charles W. Smith Jr., M.D. '74, is executive associate dean of clinical affairs at the University of Arkansas for Medical Sciences. He recently represented UAMS in negotiating collaborative agreement with Volgograd Medical Institute in Russia.

Sheldon M. Retchin, M.D. '76, was recently appointed president and chief executive officer of the Medical College of Virginia Associated Physicians. He and his wife, Tracy, an attorney, have a 10-month-old daughter, Sarah.

Franklin B. Waddell, M.D. '76, left the U.S. Air Force in 1992 and recently completed a year in practice in the Boston suburb of Winchester. He is president of Russell Hill OB-Gyn, P.C.

Julia McMurray, M.D. '79, relocated to Wisconsin, where she directs the University of Wisconsin Women's Health Clinic. She is an associate professor of Medicine. She reports that she and her husband, Mark Linzer, and their two children, Ben and Elizabeth, are living in Madison.

James G. Peden Jr., M.D. '79, a physician at the ECU School of Medicine, has been elected president of the Association of Medicine and Psychiatry, an international organization of clinicians with an interest in patients who have both physical and psychiatric problems. The organization has 200 members in North and South America and in Europe.

80s

Kenneth E. Hollingsworth, M.D. '80, a staff anesthesiologist at the National Naval Medical Center, recently participated in Operation Smile in Hanoi, Vietnam. During his two weeks in Hanoi, he provided anesthesia to children and adults receiving corrective plastic surgery and taught professionals.

Thomas J. Zuber, M.D. '83, recently relocated to Midland, MI, after accepting the position of assistant director of the National Procedures Institute and assistant clinical professor at Michigan State University.

Patricia A. Ferrari, M.D./Ph.D. '84, is a pediatrician at the Good Samaritan Medical Group in San Jose, CA. She and her husband, John Culhane, have a new son, Michael John.

Joel E. Schneider, M.D. '85, is now a cardiologist in Raleigh.

Tim K. Takaro, M.D. '85, joined a fellowship in occupational and environmental medicine at the University of Washington after completing an internal medicine residency at Oregon Health Sciences University. He also works on public health issues surrounding the Hanford Reservation and Central America.

M. Todd Brown, M.D. '86, has opened a new Carolina Eye Associates office in Kannapolis.

William Sutton, M.D. '87, is now married and part of an orthopedics group in beautiful Wilmington. He's involved in sports medicine and general orthopedics.

Darrell E. Hester, M.D. '87, is an active-duty eye surgeon with the U.S. Air Force and chief of the Ophthalmology Department at Keesler Medical Center, 81st Medical Group, at Keesler AFB in Biloxi, MS. A native of Greensboro, he is considering returning to the Tar Heel state after completing his current tour of service in the fall of 1994.

Dudley A. Hudspeth, M.D. '87, won an award at the first Residents and Fellows Research Day at the Bowman Gray/N.C. Baptist Hospital Medical Center. A seventh-year resident in cardiothoracic surgery, he won the basic science award for his work, "Enhancement of blood cardioplegia with adenosine avoids postischemic dysfunction in severely injured hearts."

Michael J. Duggan, M.D. House Staff '88, is a pathologist in private practice in Lincoln, NE. He and his wife, Laura, have one child, Max Perez, born June 1993.

Gail Quackenbush Eddens, M.D. '88, is a fellow in mammography and imaging at Memorial Sloan Kettering Cancer Center. She has a 2-year-old daughter, Lauren.

Merle Miller, M.D. '89, recently completed an emergency medicine residency at Denver General Hospital. She was married in September 1993 to Alex Maslanka, M.D., also an emergency physician. They live in Boulder, CO.

Dan Goulson, M.D. '89, completed his anesthesia residency at the University of Wisconsin Hospitals and Clinics. He has accepted the position of chief, anesthesia services, at Shiprock Indian Hospital in New Mexico.

90s

John W.C. (Trey) Entwistle III, M.D. '90, is a resident in general surgery at the Medical College of Virginia Hospitals. He is working on his Ph.D. at MCV. He reports that he and his wife, Mary, are the proud parents of their first-born, a daughter, Mary Elizabeth.

Gary B. Loden, M.D. '90, is now a resident in urology at George Washington University Medical Center, Washington, D.C., after completing two years of general surgery.

Teresa T. Trodden Anderson, M.D. '90, was recently appointed chief of staff at Acoma, Canoncito, Laguna (ACL) Indian Health Service Hospital, San Fidel, NM.

Jill C. Obremskey, M.D. '90, announces the birth of her daughter, Alexander Wynn. She also reports that she will finish her pediatric residency in June 1994.

Charles P. Ellington III, M.D., House Staff '87-'91, was recently awarded membership in the American College of Physician Executives, the nation's only educational and professional organization for physicians in medical management. He has one child, Taylor Kathleen, 3.

Richard Pollard, M.D. '91, resident in anesthesiology in Gainesville, FL,. was recently elected chairman, resident component, in the American Society of Anesthesiologists. He has begun a fellowship in neuroanesthesia.

Gib Upchurch, M.D. '91, was named "Intern of the Year" at Harvard and is a third-year resident in surgery. He is also the proud father of a son, Rivers.

Rhonda Gregory, M.D. '91, is a third-year psychiatry resident at Georgetown University in Washington, D.C. She will begin her fellowship in child and adolescent psychiatry at Children's National Medical Center in Washington in June 1994. She was married to Marvin McMillian on December 18, 1993.

Helene Keyzer, M.D. '91, recently started her pediatrics practice in Ocala, FL. She is married to Richard Pollard, M.D. '91.

Bradford and Lisa Corbin Winslow, M.D. '92, both are at the University of Colorado. Brad is in family medicine and Lisa is in internal medicine. Lisa has been chosen as chief resident by the Department of Medicine for the academic year of 1995-96.

Deaths

Merle D. Bonner, M.D. '28
Harry L. Farrell, M.D. '29

News Briefs

Medical School Applications at All-time High

More students applied to medical schools last year than ever before, and the top admissions officer for the School of Medicine says the number of applicants should continue to grow.

"We have no reason to anticipate that the applicant pool won't continue to grow," said Elizabeth Mann, M.D., associate dean for admissions. "Early indications are that we haven't yet reached the peak. I expect applications to go up a little more before they start to level off."

Applications for the class that entered U.S. medical schools last fall rose to 42,808, breaking the previous record set in 1974. That also was 14.4 percent more than the number of applications for 1992, according to the Association of American Medical Colleges.

At UNC-CH, applications for next fall's entering medical school class already have reached 1,014, which is 104 more than for 1993's entering class and 294 more than the year before.

Mann attributed the increase in applications nationwide to economic factors.

"I would love to say it's because of a resurgence of altruistic sentiments and people wanting to serve as physicians," she said. "But I believe it has more to do with the uncertainty of the economy. When the economy is bad, people go back to school — not just medical school. But the job security of medicine makes medical school even more attractive."

Physiological Basis for PMS Suggested

Women with premenstrual syndrome appear to have chronic underlying physical differences from women without PMS, according to investigators at the School of Medicine. The research is a large first step toward showing that PMS has a physiological basis.

"Women with PMS had significantly lower cardiovascular responses to stress than women without PMS," said Susan Girdler, M.D., research assistant professor of psychiatry. Her research team observed differences in heart rate and blood pressure in women with PMS as compared with women without PMS.

"These values changed with a normal woman's menstrual cycle, but they stayed constant for women with PMS, indicating that the condition may be chronic," Girdler said.

Most women have some premenstrual symptoms, but for about 30 percent, PMS is a major disruptive disorder that significantly affects their lives.

Girdler and her colleagues studied women who met two separate rigorous criteria for PMS and compared them with women without PMS. Pre-menstrually and then again shortly after menstruation, each woman was given a cardiovascular stress test, such as performing mental arthrimetic or public speaking, while their blood pressure, heart rate and other cardiovascular values were monitored.

Women with PMS had significantly reduced heart rate reactions to stress and significantly lower blood pressure responses, and these remained constant throughout their menstrual cycle. These findings were surprising, Girdler said, because previously PMS had been characterized as being exacerbated by stress. "We thought we would see greater cardiovascular differences premenstrually in women with PMS, because when stress increases, these values increase," she said.

Research Seeks Better Allergy Treatment

Investigators at the School of Medicine are studying ragweed and grass pollens to better understand why the immune system goes haywire during an allergic reaction. And, they are working on a way to block the reaction.

"Fundamentally, we want to understand what the human immune response recognizes — what the specific part of the pollen molecule is that a person reacts to," said David G. Klapper, M.D., professor of microbiology and immunology.

"Currently, the desensitization shots patients receive are a crude mixture made from the entire pollen molecule," he said. While the shots, which are used to build an immune tolerance, help people cope with what they are allergic to, they also can cause immunological problems because they contain most or all of the allergens present, he said.

To block the immune response, Klapper is creating synthetic peptides. Each peptide specifically blocks a particular allergen subcomponent. Patients would only receive the peptide that matched the antigen or antigens to which they were allergic.

"Instead of a patient's immune system being exposed to multiple antigens, it is exposed to only the necessary ones," Klapper said. "This targeted treatment should more effectively shut down their runaway immune response."

New Technique May Improve Cardiac Arrest Survival Rate

Every day almost 1,000 Americans go into cardiac arrest, but "the chances of surviving an out-of-hospital cardiac arrest are dismal across most of the country," according to James E. Manning, M.D., assistant professor of emergency medicine.

What's needed is a technique that gets blood flowing more effectively than CPR does. Manning recently received a patent on a new technique, called selective aortic arch perfusion, which he hopes will increase the survival rate for these patients.

Selective aortic arch perfusion involves inserting a catheter into a major leg artery and threading it up into the main artery (the aorta) in the chest close to the heart. A balloon attached to the catheter is inflated and a solution is infused for a brief period of time. The solution is an oxygen-carrying blood substitute containing other resuscitation drugs, such as epinephrine. The placement of the catheter helps get these substances where they need to be — to the heart and brain — faster and more effectively than current therapies, he said.

"The hope is that providing better blood flow to the heart and brain, along with the

rapid delivery of pharmacologic agents, will improve survival," he said.

"I can't say for sure that this will work — it is still too early in the development — but I'm hopeful that with aggressive therapy involving this technique, survival rates can be increased from 2 to 5 percent to at least 30 or 40 percent," he said.

New Test Determines Early Presence of Arthritis

New biological tests detect the presence of the most common forms of arthritis long before a patient notices painful symptoms of the diseases. The biological tests, developed at the School of Medicine, should speed up the process of evaluating whether drugs are able to treat this crippling disease.

"Although pain-killing drugs and total joint replacement surgery are available to treat the symptoms, no preventative treatments exist for osteoarthritis, which is also called degenerative arthritis," said the developer, Clare Hughes, Ph.D., research associate in the division of orthopaedics.

"We believe strongly these reagents will lead to new drugs that will slow the disease's progression," said Bruce Caterson, Ph.D., Norfleet-Raney professor of research in orthopaedics. "At present, these are the only tests like this that have been developed."

Osteoarthritis, a crippling disease that affects more than 120 Americans out of every 1,000, occurs when cartilage disintegrates at the end of bones in moving joints.

This new technology, which uses special antibodies called monoclonal antibodies, is very sensitive and rapidly detects cartilage breakdown in the early stages. "Because cartilage will not regenerate, it is extremely important to diagnose osteoarthritis as soon as possible," Hughes said.

Today, physicians have to wait until osteoarthritis is well-advanced and causing the patient pain before a diagnosis can be made. But in the future, doctors may be able to use diagnostic tests based on the UNC-CH technology to monitor patients for the development of the disease.

The technology detects cartilage breakdown products in synovial fluid taken from joints. Investigators hope some day to adapt it for use with blood samples. "Being able to study blood would be less invasive," Hughes said.

UNC-CH is licensing the monoclonal antibodies, called BC-3 and BC-4, to enable drug companies to test whether drugs slow down or inhibit cartilage breakdown.

"Detecting these breakdown products is a big breakthrough in understanding the progression and mechanism of this disease," Caterson said.

Smiles and healthy hearts filled UNC Hospitals' Grapevine Cafeteria during a February 13 reunion of pediatric heart surgery patients, their families and the cardiac care staff. The event was sponsored by the Carolina Parent Network, a group that organizes outpatient support for families of pediatric heart patients awaiting surgery. Above right, a father and daughter share a happy moment. Bottom right, Mr. Rainbow has a heart for a friend. Below, heart transplant recipients enjoy a moment in the spotlight.

Photos by Jay Mangum

Stuart Bondurant, dean of the School of Medicine, joins winners from the1994 Student Research Day, from left: Verachai "Jack" Lohavichan and Chin Lee, both of Fayetteville; Jeff Moyer of Lilburn, GA; Roy Kim of West Des Moines, Iowa; and Lucille McIntosh of Durham. At far right is Dr. Vivian W. Pinn, director, Office of Research on Women's Health, National Institutes of Health. Dr. Pinn delivered the 1994 Ralph R. Landes Lecture.

Old Technology Helps Young Patients

A new use for an old technology is giving peace of mind to parents of children with a progressive genetic disease that involves brain lesions.

Proton magnetic resonance spectroscopy allows physicians to distinguish whether the brain lesions found in neurofibromatosis patients are cancerous. Using the technology also helps physicians track any changes occurring in these lesions over time.

"For neurofibromatosis patients with noncancerous masses, this tool enables us to assure them that the current tumor is not cancerous," said Mauricio Castillo, M.D., associate professor of radiology at the School of Medicine. "Those patients we identify as having a malignant tumor then receive closer follow-up, or surgery if necessary."

Neurofibromatosis Type 1 affects about one in 5,000 children. Patients with this disease have soft tumors covering their entire body and often have malignant brain tumors.

After the introduction of magnetic resonance imaging about 10 years ago, physicians discovered that these patients also tended to have other brain lesions, called hamartomas, which seem to be harmless. "But, until we used spectroscopy," Castillo said, "it was very hard to distinguish potentially cancerous brain tumors from hamartomas.

"The idea behind using spectroscopy was to measure certain metabolites in the brain to see if hamartomas showed chemical differences from malignant tumors," Castillo said. They did.

"We discovered that with respect to three metabolites, hamartomas were similar to normal brain tissue, but were very different from malignant brain tumors," he said.

"We are pleased that we were able to use spectroscopy to identify malignant tumors. With earlier detection, these patients then can receive treatment sooner," Castillo said.

Physicians Need to be Aware of Rare Diseases

Better medical care in the last 20 years lengthened the lives of many children, especially some with rare disorders. But these patients are outgrowing their pediatricians, and their current physicians need to be aware of their earlier health problems.

"Now, physicians are seeing patients who previously would have died of rare pediatric diseases," said Rosalind A. Coleman, M.D., professor of nutrition and pediatrics at the School of Medicine and the School of Public Health of the University of North Carolina at Chapel Hill. "These physicians need to be aware of the medical problems associated with these disorders to provide the best possible care to these individuals."

Coleman and her colleagues have studied patients with glycogen storage disease. The study was the largest to date of adults with the rare disorder.

Glycogen storage diseases, which affect about 1 in 100,000 people, result when the body's fuel—glucose—is not released from the liver. Instead, it remains stored as glycogen.

"We undertook the study to identify long-term complications that may be preventable in adults with the three most common forms of glycogen storage disease.

"Adult patients can have devastating, life-threatening problems," Coleman said. She, Gregg M. Talente, a third-year medical student at UNC-CH, and the other investigators determined that physicians should be aware that these patients may have kidney stones, other kidney disease, fragile bones and liver lesions that may be pre-cancerous.

"Physicians who treat these patients should identify and aggressively treat kidney stones and other causes of kidney damage. Treatments are available for most of these patients' complications," she said. Coleman and her colleagues published the study recently in the Annals of Internal Medicine.

President's Letter

Greetings and best wishes for 1994! This issue of your *Medical Alumni Bulletin* contains an article, the topic of which is very dear to my heart: women in medicine. My own career was so *positively* shaped by my experience as a medical student, house staff physician, and faculty member at UNC-CH. *Because* of these experiences and the continued interest of the medical school and your Medical Alumni Association in the lives of its women, I have felt a strong bond and responsibility to continue to be involved in the affairs of the medical school. Many of my female colleagues feel similarly, as evidenced by their work in the Alumni Association as well as their high level of giving to the Association.

It is important for alumni to know that your association supports various mentoring activities for individual medical students and the UNC-CH chapter of the American Medical Women's Association. At this time, $5000 is budgeted annually to support these activities. Many of the mentors for these activities are members of Professional Women in Medicine at UNC-CH, an organization that consists of women faculty and senior women administrators.

Funding provides opportunities to co-sponsor lectures by nationally recognized leaders of women in medicine, as well as an annual mentoring dinner through which students meet with women faculty from each medical specialty. Further mentoring activities are held throughout the year.

Your MAA also supports a portion of travel expenses for women medical students to attend the national meeting of the American Medical Women's Association. The program is being expanded to provide funds for Native American medical students to attend a national meeting.

This year, the Association of Professional Women in Medicine and the Whitehead Medical Society (student government) will co-sponsor the Spicer-Breckinridge Memorial Lecture. This is a highlight of the Spring Medical Alumni Meeting and will be held at 1:30 p.m. on Friday, April 29. We are hoping that, with this co-sponsorship, more students will be encouraged to attend this lecture. On that day, if you see students in attendance, please speak to them and offer them your friendship and encouragement. It is so important to show them you care.

Finally, though not exclusively for women, one small but important group the MAA supports is Carolina Medical Students with Children — *yes*, medical students do have spouses and young families! Through this program, first- and second-year students who are parents of young children can share concerns about day care, dealing with sick children, and other relevant issues. The group, organized and run by the students, exchanges information and provides mutual support. Noelle Granger, Ph.D., assistant dean for student affairs, serves as faculty adviser to the group.

The MAA's role with this group has been to purchase two beepers which are carried by members of the first-and second-year class on a scheduled basis. These beepers are used by schools and baby-sitters to contact members of the class about emergency child care needs.

I am personally very proud of these efforts of our MAA to support women and families in our medical school. With our continued and expanded support to the Loyalty Fund, such programs and others can begin and flourish. I challenge you not only to increase your level of giving, but increase your level of *participation*; our students *always* appreciate individual attention by alumni. They will be expecting to see you in Chapel Hill on April 29 for the Spicer-Breckinridge Lecture!

This particular Spring MAA Meeting will give us an opportunity to recognize and express our appreciation to our dean, Dr. Stuart Bondurant, who will be stepping down from the deanship in August. I would be remiss if I did not remind all of you it has been with his personal interest and under his direction that your Medical Alumni Association has experienced its remarkable growth and effectiveness. Please make plans to join us for this festive and exciting weekend.

Mary Susan K. Fulghum

Mary S. Fulghum, M.D.

CME/Alumni Calendar

	Medical Alumni Activities	
April 6-9	18th Annual Internal Medicine Conference	Chapel Hill
April 9	Carolina Saturday: A Bicentennial Open House	Chapel Hill
April 16-17	Recent Advances in Diagnostic Pathology and Laboratory Medicine	Chapel Hill
April 22-24	3rd Annual Duke/UNC-CH Rheumatology Update	Research Triangle Park
April 25-26	International Symposium on Inherited Epidermolysis Bullosa	Chapel Hill
April 29-30	Spring Medical Alumni Weekend	Chapel Hill
April 29-30	Focus on Function: Reflective Pediatric Function	Chapel Hill
May 4-5	May Day Trauma Conference	Chapel Hill
May 19-20	15th Annual TEACCH Conference: Asperger Syndrome	Chapel Hill
May 21	1994 Medicolegal Seminar	Chapel Hill
June 24-26	Daily Anesthetic Challenges	Hilton Head, S.C.
July 11-15	Training Opportunities for Teachers of Autistic Children: Elementary & Adolescent (Also offered July 18-22 and July 25-29)	Chapel Hill

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Education and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call 1-800-862-6264.

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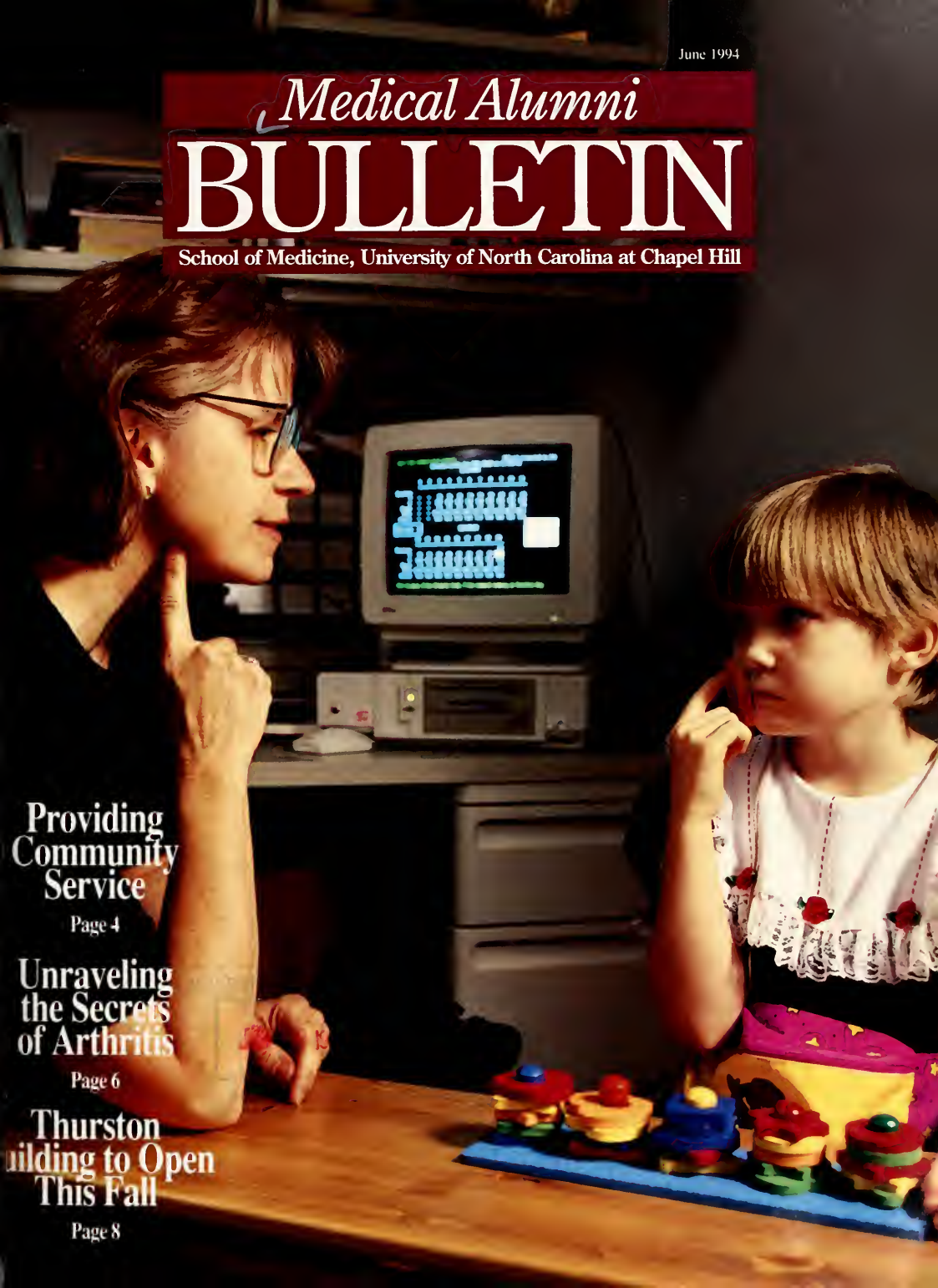
Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill



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Mission Statement

School of Medicine
University of North Carolina
at Chapel Hill

The School of Medicine has adopted the following new mission statement:

The School of Medicine of The University of North Carolina at Chapel Hill exists to educate students and professionals of the health and biomedical sciences, to conduct scholarly investigation in biomedical, behavioral and social sciences, and to render service to the people and institutions of the state, the region, the nation, and, as appropriate, throughout the world. This mission evolves continuously in response to the growth of knowledge and technology and to the changing health care needs of the people of the state.

The School is committed to the education and training of physicians, graduate students, and allied health professionals of all types appropriate to the medical and health professions needs of the State of North Carolina. Because of the needs of the people of the State of North Carolina, the School is committed to the education of generalist as well as specialist physicians and academicians.

In its instructional role, the School is committed to educational programs ranging from the study of molecular biology to the societal aspects of health. The School provides a wide range of curricula for the continuing training of beginning and established health science professionals. The School is committed to excellence in all of these programs and to their adaptation to meet the changes that will occur with the growth of knowledge and experience.

It is part of the mission of the School to provide access to careers in the health professions to qualified applicants, with special emphasis upon North Carolinians, regardless of race, gender, religion, or other personal characteristics irrelevant to academic or professional qualifications. The School has an obligation to achieve representation of minorities in the health professions.

As part of the University community with a particular responsibility to improve health care, the School is committed to maintaining a position of leadership in the study of the physical, biological, behavioral, and social sciences as they relate to human life and disease. As a place of active research and scholarship in the biomedical fields, it has an obligation and responsibility to provide new knowledge to state and the nation.

With educational and scholarly programs focused upon the promotion of human health and the prevention and treatment of disease, the School provides health care and consultative services that focus on the individual and on the community. The service commitment of the School is directed principally at people in communities of North Carolina. However, in its service function as in its other programs, the School of Medicine cooperates with other schools, other institutions and other agencies of the State of North Carolina and the nation.

• *The Dean's letter appears on pages 2-3 of this issue.*

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

ON THE COVER: Carolyn Brown, clinical instructor for the Carolina Children's Communicative Disorders Program (CCCDP), works with Beth Grant of Randleman, N.C.

A freak accident with a parked pick-up truck last June almost killed 5-year-old Beth. Grant recovered, but lost hearing in both ears as a result of injuries she suffered.

Today, Grant is learning to speak and hear again with the aid of a cochlear implant, a device that enables totally deaf people to hear by electronically stimulating nerve fibers in the inner ear. The device was implanted in November by Harold C. Pillsbury III, M.D., professor and chief of otolaryngology at the School of Medicine.

Grant received the implant and is now being served through CCCDP, a UNC-CH program that started in October 1992. The program funds cochlear implants, special hearing devices and UNC-provided diagnostic services for children of North Carolina whose families cannot afford to pay.

Paul Biggers, M.D., professor of otolaryngology and program director, said he started the program because he was troubled by the number of deaf children who couldn't take advantage of new technology because of financial problems. (Photo by Jay Mangum)

Editor

John W. Stokes
Director, Institutional Relations

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Managing Editor

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Dean's Page

Since this is my last Dean's Page, I will use it for reflection, for thanks, and for looking to the future.

Our School is unique in its history and in its array of purposes. Built like the University as an expression of the will and the standards of the people of the state, it has flourished because it has been true to its genesis and because it has had great students and great faculty. It is unique in the breadth and balance of its programs in relation to the breadth of the health care needs of the people of the state.

Its teaching programs range from special programs for minority high school students through undergraduate programs in Allied Health and graduate programs in the biomedical sciences as well as Allied Health in addition to the medical school curriculum, extensive programs of graduate medical education in practically every medical specialty, and extensive programs of continuing medical education for the physicians of the state. It currently produces over half of the primary care physicians for the state. The content, sites, and procedures of these teaching programs is in a state of continuing change as they adapt to changes in the knowledge base of health care.

Its research programs, of high quality and broad scope, articulate constructively with the teaching programs and address basic scientific understanding and the great health problems of our times using approaches that focus from molecules through individuals, populations, communities, and the world. Through these research programs both teaching and patient care are assured to be current and poised to adapt appropriately to future changes in knowledge, technology, and needs.

Clinical programs of the School of Medicine are also of high quality and broad scope, many being preeminent in their fields. Teaching clinical practices range across the entire spectrum of health care from prevention of infant mortality and morbidity and the diagnosis and treatment of developmental disorders through molecular medicine and organ transplantation to community medicine and, in concert with our sister School of Public Health, public and international health.

These impressive achievements are results of the work of thousands of dedicated people over many decades. Most important of all are the faculty whose vision, commitment, values, and standards determine the character of the School. Our faculty are simply superlative. They are supported by a staff of extraordinary dedication and competence.

Our department chairs[1] and center directors[2] are the true builders, the movers and shakers. Theirs is the impossible task of reconciling infinite potential with finite resources, and the strength of our teaching, research, and patient care programs is a direct tribute to their success.

I have challenged each entering class of medical students to work with the faculty to leave the School better than they found it, and each class has done so led by outstanding student leaders.[3] Our students have consistently distinguished themselves in residency programs across the nation and in careers in practice as generalists and specialists and as researchers and leaders of medicine.

I am personally deeply respectful and appreciative for the work of all of the Associate and Assistant Deans[4] and their staff who are responsible for much of the success of each of our programs.

And I want to thank especially Lucia Hudson, Jo Ann Mueller, and Sheila Denn, a great team who have successfully met the challenge I put to them to make the Dean's Office idiot-proof so that, no matter what I did, it would still work.

The School has many vital relationships. I can mention just three. The relationship with the University of North Carolina Hospitals is the bedrock upon which our critical clinical programs rest. The quality of the Hospitals, to a large extent determined by hospital administration and staff led by Eric Munson and Todd Peterson, relates directly to the quality of the clinical programs. I especially also want to thank Fran Ross, who has served as Director of Nursing through difficult times with great distinction.

The AHEC Program is the highway for exchange with the communities and health care institutions and providers of the state. Its extraordinary effectiveness under the leadership of Gene Mayer bonds our School to the state and our students and faculty to health care in communities.

Third, the relationship of the School to the University defines us institutionally and academically. Chancellors Ferebee Taylor, Christopher Fordham, and Paul Hardin have shaped that relationship along with Vice Chancellors for Health Affairs Christopher Fordham, Jim Turner, and Garland Hershey and Provosts the late Charles Morrow, Sam Williamson, Dennis O'Connor, and Richard McCormick and the Deans of the other schools in the Division of Health Affairs.[5] Presidents William Friday and Dick Spangler and Vice Presidents Ray Dawson and Bill Little have each faithfully and well nurtured the interests of the School.

Finally, in this incomplete litany of thanks, I want to recognize the extraordinary loyalty of our alumni and the vision and devotion of the leaders of the Alumni Association.[6] Alumni have been influential at every critical point in our history, and the Association is now poised to be ever more helpful.

There is an old Chinese saying, "You cannot put your foot in the same river twice." The future of our School must and will be different from its past. To serve our purposes as effectively in the future, we must adapt

The Medical Alumni Association and the Office of Continuing Medical Education and Alumni Affairs sponsored a reception in Winston-Salem for alumni and friends of the School of Medicine. Stuart Bondurant, M.D., dean of the School of Medicine and a native of Winston-Salem, was joined at the reception by his wife, Susan Ehringhaus, center; his sister, Bonnie B. Young, right; and his mother, Dorothy.

to the realities of the future as effectively as our predecessors adapted to the realities of the past. The next Dean, whose name I hope will be known by the time this writing is published, will need the solid support of everyone associated with the School as he/she leads in these adaptations.

I want to thank personally each one who helped to bring our School to its current extraordinary state. It has been a high honor and an inestimable privilege to work with you. I want to recruit each of you to be just as supportive of my successor. With such support and his/her leadership, I am absolutely confident that our School will go on to even greater heights of achievement and contribution.

Stuart Bondurant

Stuart Bondurant, Dean

[1] Department Chairs, 1979-1994:

Thomas F. Boat, Robert A. Briggaman, Larry Churchill, Thomas E. Curtis, Floyd W. Denny, Jr., Michael G. Douglas, William Droegemueller, David E. Eifrig, Jeffrey A. Frelinger, Stanley C. Froehner, Joe W. Grisham, Charles P. Hackenbrock, James N. Hayward, Charles H. Hendricks, David S. Janowsky, Mary Ellen Jones, Rudolph L. Juliano, Joseph K.T. Lee, Michael Y. Lee, Carol Lucas, Robert L. Ney, David A. Ontjes, Edward R. Perl, John P. Perkins, Kenneth G. Reeb, Robert Sakata, James H. Scatliff, Edward J. Shahady, George F. Sheldon, P. Frederick Sparling, Kenneth Sugioka, Joel E. Tepper, Colin G. Thomas, Jr., Judith E. Tintinalli, Robert W. Vaughan, Clayton E. Wheeler, Jr., Glenn Wilson, David E. Yoder, and Steven H. Zeisel.

[2] Center Directors, 1979-1994:

Kirk C. Aune, Richard C. Boucher, Jr., Philip A. Bromberg, John A. Ewing, David S. Janowsky, Melvin D. Levine, Morris A. Linton, Frank A. Loda, Eugene S. Mayer, Eugene P. Orringer, Joseph S. Pagano, Harold R. Roberts, Thomas W. Sadler, Robert S. Sandler, Kunihiko Suzuki, Robert D. Utiger, and John B. Winfield.

[3] Whitehead Society Presidents, 1979-1994:

Teresa T. Anderson, Eric S. Bachman, William Harry Billica, Mary Frances Casey, Philip S. Dickey, Alain J. Droog, Scott K. Garrison, Patrick L. Godwin, Catherine M. Gordon, Frederick Uhl Goss, Kathi J. Kemper, Alex J. Lovitz, Vanessa L. McPherson, Melissa Daia Moore, Julien L. Naylor, George H. Perkins, Stanley R. Watson, and William Winkenwerder.

[4] Associate and Assistant Deans, 1979-1994:

Kirk Aune, William E. Bakewell, Robert C. Cefalo, William J. Cromartie, William E. Easterling, Don A. Gabriel, Noelle A. Granger, Alfred R. Hansen, Rosemary S. Hunter, Stanley R. Mandel, Elizabeth S. Mann, William D. Mattern, Cheryl F. McCartney, Eric B. Munson, Clarence Nisbaum, Jr., David R. Perry, William D. Petasnick, Todd L. Peterson, John M. Sorrow, Jr., Gregory Strayhorn, Glenn Wilson, and William B. Wood.

[5] Deans, Division of Health Affairs

School of Dentistry: Raymond P. White, Ben D. Barker, and John W. Stamm.

School of Nursing: Lucy Conant, Laurel A. Copp, and Cynthia Freund.

School of Pharmacy: Tom. S. Miya and William H. Campbell.

School of Public Health: Bernard G. Greenberg and Michel A. Ibrahim.

[6] William B. Blythe, Richard A. Boyd, W. Grimes Byerly, Jr., Daniel L. Crocker, Mary Susan Fulghum, Daniel Gottovi, Luther W. Kelly, Jr., John A. Kirkland, E. Carwile LeRoy, Marvin M. McCall III, Noel B. McDevitt, David A. Rendleman III, Joseph D. Russell, James B. Sloan, and Shahane R. Taylor, Jr.

Providing Community Service

By Leslie M. Purcell

Editor's Note: Each year, hundreds of students and faculty of the School of Medicine volunteer their time and service to help others. SHAC and STEP on AIDS are just two examples of that community service.

SHAC Provides Professional Training

Every Wednesday night in Carrboro, University of North Carolina at Chapel Hill medical, nursing and public health students open the doors of the Student Health Action Committee (SHAC) clinic to local people who traditionally have had limited access to health care.

Established in 1968, SHAC is the oldest, continuously operated, student-run, free clinic in the country. It was established to provide health care to an underserved population in the community and to give health sciences students additional clinical experience during their years in school.

"Many of the people we see at SHAC don't have enough money for physicals for work, marriage, school, sports or camp," said Adam O. Goldstein, M.D., clinical assistant professor of family medicine and faculty advisor for SHAC. "Sometimes people are new to the community and don't have a physician yet. Some can't get to a doctor during regular office hours because of work. A lot are scared about AIDS and see this as a place where they can come anonymously and talk about AIDS."

Each year SHAC provides between $25,000 and $50,000 in free care even though it has a budget of less than $2,000. It operates on a strong spirit of volunteerism among health sciences students and faculty preceptors.

At SHAC, nursing and first-year medical students take patient histories and check vital signs, while second-year medical students handle some of the administrative aspects of the clinic. Health policy and administration students help with administrative management of the clinic, schedule patient appointments and handle the clinic's finances. Fourth-year medical students see patients and consult with the attending physician about what has been done. Every patient is ultimately seen by a faculty physician, who provides any additional work-up that is needed.

In the clinic, medical students learn to administer immunizations, give physicals and do Pap smears. They also provide well-baby care, and treatment for aches, pains, vomiting and other common ailments. "We're a screening clinic, not a primary care clinic," Goldstein said. "We don't tell patients to come back to see us. Everybody should have a regular on-going source of care, and we try to see that these people find that."

While SHAC provides care for about 600 patients a year, it also is an important part of the professional training of about 100 medical students a year. "It really benefits the medical students," Goldstein said. "It's one of the best experiences they can have and one of the few experiences that makes them feel like physicians. They actually see, talk to and examine patients. It meets a need rarely provided in the regular curriculum."

Second-year medical student Doug Sigmon agrees.

"A big part of the interest in SHAC is how starved first- and second-year medical students are to see patients and to interact with people in a real medical setting. There's so little of that built into the curriculum from the onset," Sigmon said. "At SHAC, we're in a no-pressure environment. We can have experience interviewing patients, learn the language involved in taking a history and such. It provides students a real good jump on getting comfortable with patients and on seeing how a clinic runs if they haven't had that experience before.

"And it makes what you're learning in the classroom more applicable. We see what we hear in the classroom play out in people's lives. It makes it a lot easier to study. But most importantly, I hope students see it as an opportunity to do something worthwhile, to help people out."

Student Program Addresses AIDS

One in every 1,000 15- to 25-year-olds in the United States is HIV-positive. And the rate is doubling every three years.

Six years ago, medical students at UNC-CH who were concerned about the rapid spread of HIV among young people developed, in cooperation with the Chapel Hill-Carrboro School System, an educational program for area schools. The program is called STEP on AIDS.

"There are two main goals of the program," said Alan W. Cross, M.D., professor of social medicine and pediatrics, director of the Center for Health Promotion and Disease Prevention and faculty advisor for the STEP on AIDS program. "One is to give medical students the opportunity to learn more about the complex process of teaching school students and communicating medical information to large groups about sensitive topics such as AIDS, and to develop their skills in working with a community

and education system. The other goal is to give school students additional information about AIDS."

"Because we're younger and closer to their age, we feel they're more comfortable talking to us," said Gay Benevides, a second-year medical student from Cary who has been involved with STEP on AIDS for two years. "We're only in their classroom for two days, so they're not embarrassed to ask questions like they would be of their regular teacher or someone who will grade them."

During the school year, about 60 medical students, teaching in pairs, visit every seventh-grade class and 10 high school health classes in the Chapel Hill-Carrboro School System. The medical students estimate that they reach about 950 young people during a given year.

The medical students teach the seventh-graders and the high school students basic information about AIDS: what AIDS is, how it is transmitted and how it affects the body.

"Some of the students have learned a lot of facts about AIDS," Benevides said. "But there are a lot of myths out there, too — AIDS is transmitted by mosquitoes. Only gay men get AIDS — A lot of students come up with their own way to cure it. One student said to take the blood out, bleach it, boil it, then put it back in. Others think you can tell by looking at someone whether they have AIDS."

To dispel this last myth, the medical students invite a person who has AIDS to each high school class to share his or her story and to answer questions.

"One person who talked to a class got HIV when he was in his teens," said Meica Efird, a second-year medical student from Albemarle who works with STEP on AIDS. "He said that he was very promiscuous when he was younger, and he was their age when he got infected. The students say that talking with an AIDS patient is the most meaningful part of the classes."

Another effective teaching technique the medical students use with the seventh-graders is the Starch Game.

In this activity, each student gets a paper cup with water in it. Unknown to the students, two of them have had starch added to their water. Each student is also given a card with a message such as: "Don't give water to or take water from anyone." "Give water to and receive from as many people as you possibly can." "Accept water from three people and give it to five people." "Give water to the person sitting behind you and take water from the person on your left."

After the class finishes the exercise, the medical students put a drop of iodine in each of the paper cups. "If the water has starch in it, it turns purple," Cross said. "Three-fourths of the cups end up with starch even though only two people started out with it and the majority of the students interact with only a few people. It is an obvious lesson.

"By and large there has been a very positive response from the schools to the program," Cross said. "The medical students have been enthusiastic over the years and very creative in educating and informing the students about the risks and problems with AIDS. It is a good example of medical students being interested in the community in which they live and wanting to be involved."

To Efird, her reason for involvement with STEP on AIDS is simple, "If we just prevent one child from getting HIV, it's worthwhile." □

Photo by Dan Crawford

Second-year medical students, from left, Jennifer Lutz, Gay Benevides and Meica Efird, talk with middle school students.

Interdisciplinary Studies Seek to Unravel the Secrets of Arthritis

By Barbara Proujan

Each year, nearly one in seven Americans develops some form of arthritis, the most common cause of severe pain and disability. The pain or crippling of joints associated with arthritis is the leading cause of worker disability in the United States.

With the opening of the Doc J. Thurston Jr. Building, about 50 investigators studying various aspects of arthritis at the School of Medicine will have greater opportunities to collaborate on research in hopes of eventually finding cures or better treatments for patients.

"Our researchers, who come from many disciplines, are working to understand what causes arthritis, how it best can be treated, and what can be done to alleviate the suffering of those who have it," said John B. Winfield, M.D., director of the Thurston Arthritis Research Center and Herman and Louise Smith distinguished professor of medicine in arthritis. "Since its establishment in 1982, the center has advanced quickly to a position of national importance in the areas of rheumatology and autoimmunity. Having this building will greatly enhance our efforts by facilitating cross-fertilization across disciplines.

"Arthritis is a particularly thorny issue to solve because it is not a single disease, like heart disease or cystic fibrosis. Instead, it is the manifestation of nearly 100 different diseases," Winfield said. "To tackle this problem, UNC-CH's research efforts range from basic laboratory projects in immunology and molecular biology, to evaluation of various clinical therapies, to the psychological and social implications of arthritis."

Cellular Studies Provide Clues

Greta Lee, Ph.D., research assistant professor in the Department of Cell Biology and Anatomy, collaborates with Bruce Caterson, Ph.D., Norfleet-Raney professor of research in orthopaedics, on cellular studies. Using monoclonal antibodies from his laboratory, colloidal gold probes and video-enhanced light microscopy, Lee for the first time has examined the dynamic structure of the pericellular matrix of living cells. This matrix surrounds cells and is the transition zone between the cell and the cartilage matrix. Everything secreted by the cell passes through the pericellular matrix.

"My hypothesis is that the structure and composition of the pericellular matrix becomes altered during the progression of osteoarthritis. These alterations then affect the maintenance and repair of the cartilage matrix," she said.

To test this hypothesis, Lee studies cells from normal cartilage and cartilage from people receiving joint replacements for osteoarthritis. This approach is yielding a better understanding of the pericellular matrix and its role in cartilage maintenance. Lee thinks video-enhanced light microscopy of cells will become useful in studying whether new treatments can alter cartilage formation.

Mice Help Clarify Autoantibody Role in Lupus

One of the diseases that many UNC-CH investigators are concentrating on is systemic lupus erythematosus (SLE). Lupus is a chronic autoimmune disorder that for unknown reasons causes the immune system to attack the body's own tissues as though they were foreign. Patients make many antibodies against "self," including against the nuclei of their own cells. Found mostly in women ages 15 to 45 years of age, lupus is characterized by inflammation of connective tissues in many systems of the body, including the joints and kidneys. The severity of the disease and the organs affected vary from patient to patient, and also can vary within the same patient. Lupus affects about one out of every 2,000 women. It is found about nine times more frequently in women than men.

To understand some of the basic underlying cellular, molecular, and genetic mechanisms involved in SLE, Robert A. Eisenberg, M.D., professor of medicine, Philip L. Cohen, M.D., professor of medicine and microbiology, and their colleagues are studying autoantibodies in four different mouse models that develop a disease similar to human SLE.

"If we can understand why mice get these autoantibodies, which are similar to antibodies that lupus patients have, and the associated kidney disease, then we can understand why people get lupus, as well as rheumatoid arthritis, another autoimmune disease," Eisenberg said.

In one model, the mice have a mutant form of a gene involved in cell death. Eisenberg found that for lupus to arise, the defective gene must occur in B cells and T cells, both of which are needed for an immune response. "In these mice, some T cells and B cells are failing to die at the appropriate time. Presumably, they then go on to cause autoantibody production," he said.

Eisenberg also will introduce these mice

into a germ-free environment. "There long has been speculation among researchers that bacterial or viral infection may play a part in the development of lupus," he said. Eisenberg will try to determine if mice raised to be free from all foreign organisms will still develop lupus. If not, this will provide evidence that some type of external antigenic stimulus starts the process in people who have an underlying genetic flaw.

Westley Reeves, M.D., associate professor of medicine and microbiology, is taking a different approach to understanding lupus. "While Dr. Eisenberg and his colleagues study mice with genetic defects that cause lupus, we're trying to develop a mouse that first makes antinuclear antibodies, or antibodies that attack part of a cell's nucleus. And then, by altering one gene at a time, create a mouse that develops lupus," he said. So far, Reeves and his colleagues have two mouse models in which they can induce antinuclear antibodies experimentally.

Reeves is hopeful the research will lead to development of new treatments. Current treatments, such as corticosteroids and agents that kill cells, "are like taking a sledgehammer to the immune system," he said. "It would be very nice to find a more selective way to interrupt the immune process or stop the very onset of autoimmunity."

Lupus Studies in Humans

Reeve's research also involves humans. By using blood samples taken from lupus patients, he is determining why autoantibodies arise and why they are specific for certain diseases. From the blood samples, Reeves has cloned several genes that make antigens that are recognized by certain patients' antinuclear antibodies. The investigators want to identify, clone and sequence the antigens that are targets for these autoantibodies, study their function in the cell, and then relate that information to how autoimmunity develops.

Winfield and members of his laboratory also are studying the blood of lupus patients. They are interested in autoantibodies to lymphocytes, a major type of white blood cell in the immune system, because they believe this may be fundamentally important to immune system dysfunction. "In healthy people, the immune system has a delicate balance. In patients with lupus it is not regulated and there are interactions with all sorts of different lymphocytes. Having autoantibodies to lymphocytes may represent a not very successful natural attempt of the immune system to return to homeostasis," he said.

Another area Winfield is investigating is the role of heat shock proteins and how they may trigger inflammation, particularly in the joints of patients with rheumatoid arthritis. Heat shock proteins are extremely important for many biological processes in cells and are found in a similar form in all sorts of other organisms, including bacteria.

"Because heat shock proteins in bacteria in the human body are structurally similar to human heat shock proteins, it does not take much of an error by the immune system to produce antibodies directed against its own heat shock proteins instead of bacterial ones," he said. "In these patients, there is evidence of unusual immune reactivity to heat shock proteins. When you begin to understand things at this level, it opens up the potential for more precise therapeutic approaches," he said.

Winfield's work with Wael N. Jarjour, M.D., research assistant professor of rheumatology and immunology, has lead to the discovery of a potential new marker for lupus in African-American women. "We know lupus is more common in this group, and also in Asian women. This genetic marker picks out those individuals who might be more susceptible to the disease," Winfield said. The investigators would like to study families of lupus patients to determine how frequently the marker appears.

Exploring Lupus Treatment

Along with Ronald J. Falk, M.D., associate professor and chair of the division of nephrology, and clinical director of glomerular disease collaborative research, Mary Anne Dooley, M.D., research assistant professor of medicine, is assessing the outcomes of lupus treatment.

Lupus patients often suffer from kidney inflammation. Using a drug called cyclophosphamide to treat the inflammation has greatly increased lupus patients' kidney function, but it can permanently harm a woman's ovaries. "This dysfunction can lead to many of these women becoming

Photo by Robert Flora

John B. Winfield, M.D., director of the Thurston Arthritis Research Center, examines a patient.

menopausal in their late 20s to early 30s. The lack of estrogen may then lead to osteoporosis, as well as increased risk of heart disease," said Dooley, who also is the associate director of the Thurston Arthritis Research Center. "We are looking at how to give treatment to improve kidney function and spare ovarian function with a medication that 'puts the ovaries to sleep.' "

The treatment, a hormone similar to a naturally occurring one, causes temporary menopause by shutting down a woman's ovaries. "When the treatment is stopped, ovarian function returns," Dooley said. As many as half of the women receiving cyclophosphamide lose ovarian function, "so if the treatment is successful, we will be able to help a lot of women with lupus," she said.

Many arthritis patients take large quantities of non-steroidal anti-inflammatory drugs to reduce pain and inflammation. With Philip C. Smith, Ph.D., assistant professor in the School of Pharmacy, Dooley is looking at the very common problem of toxicity of non-steroidal anti-inflammatory drugs in elderly patients. The toxicity of these drugs is higher in these patients, particularly regarding kidney and liver damage, or increased risk of ulcer. Smith believes that elderly people use a metabolic pathway to break down these drugs into highly reactive, toxic products.

By studying elderly patients taking these medications in the Caviness General Clinical Research Center, drawing blood and then immediately freezing it, Smith believes that he will be able to detect these products. "If we can identify these products, we might be able to say what parameters put these patients at risk. Also, new drugs could be developed that would not be metabolized in this way," Dooley said. "Such drugs would benefit lupus patients, and the thousands of elderly people with arthritis who take non-steroidal anti-inflammatory drugs."

UNC-CH recently received one of only two Specialized Center of Research (SCOR) grants from the National Institutes of Health. This was the first SCOR grant specifically offered for lupus research. Cohen, Reeves and Stephen Clarke, Ph.D., assistant professor of microbiology, are working on projects funded by this grant.

Prevention Efforts

Prevention of musculoskeletal diseases is one of the objectives of the center. Susan Blalock, Ph.D., assistant director for education in the Department of Physical Medicine and Rehabilitation, is attempting to develop education strategies to increase the public's awareness of osteoporosis and behaviors recommended to reduce a person's chances of developing this disease.

Osteoporosis affects an estimated 20 to 25 million Americans and commonly occurs as people age and lose calcium from their bones. For some people, especially older women, severe calcium loss can result in thin bones that become brittle and fracture easily. Prevention is critical to minimizing the disability that often results from osteoporosis.

"This is a new area of research for the arthritis center," said Blalock, who also is director of the Numerical Sciences Core Unit of the center. She and her colleagues are studying behaviors recommended to help prevent osteoporosis, including calcium intake and exercise levels.

Blalock is collecting data about exercise and dietary habits from a random sample of 450 women ages 35 to 45 from Orange, Chatham, Durham and Wake counties. "We are examining women's current health practices concerning exercise and calcium consumption, as well as factors that may help us understand why women either do or do not practice precautions associated with osteoporosis risk reduction," she said.

The goal of the study is to develop educational programs to increase the practice of behaviors recommended to prevent or reduce the occurrence of osteoporosis.

"Researchers at the Thurston Arthritis Research Center will extend their important progress toward understanding arthritis, thanks in large measure to the generosity and compassion of Doc Thurston," Bondurant said. □

Thurston Building to Open This Fall

When the Doc J. Thurston Jr. Building opens later this year, it will enable the majority of investigators associated with the Thurston Arthritis Research Center at UNC-CH to be consolidated in one building. The 9,800 sq. ft. building is named for the late Doc J. Thurston Jr., originally of Clayton, an entrepreneur in the transportation industry and a contributor to social and community causes.

"Doc Thurston, a victim of arthritis himself, always was involved in numerous activities devoted to improving the lot and health of others. This building represents his capacity for caring and for creating the tools that enable North Carolinians to care for others," said Stuart Bondurant, M.D., dean of the School of Medicine. "This building, for which Doc was the leading figure in the conception and creation, stands as a reminder of his dedication to UNC-CH. The research conducted here will give us a better understanding of arthritis. This understanding will enable us to improve our ability to treat arthritis and ultimately, we believe, to prevent it."

The center, located at the corner of Manning Drive and South Columbia Street, is one of two in the Southeast and one of the only 12 across the country designated by the National Institutes of Health as a Multipurpose Arthritis and Musculoskeletal Disease Center. It also is one of the first four institutions in the nation to receive Biomedical Research Center grants from the Arthritis Foundation.

"The Thurston Arthritis Research Center was established in 1982, but researchers have been physically located in different buildings. Having new quarters will help centralize the research, educational and clinical efforts of more than 50 interdisciplinary faculty members," said John B. Winfield, M.D., center director and Herman and Louise Smith distinguished professor of medicine in arthritis. "The creative process depends on investigators rubbing elbows and having informal discussions with each other. In addition, the new facility will have state-of-the-art molecular immunology and molecular biology equipment to further our research."

— Barbara Proujan

Study Finds Higher Levels of Arthritis in Rural South

By Barbara Proujan

Researchers have long suspected that the rural south has higher rates of arthritis than other areas of the country. Now preliminary data from a study conducted in North Carolina by investigators of the Thurston Arthritis Research Center indicate that osteoarthritis, the most common form of arthritis, is far more prevalent in the South than previously thought.

"Our initial data indicate that the rate of osteoarthritis in Johnston County may be much higher than national figures, and we will be investigating why that might be so," said Joanne M. Jordan, M.D., M.P.H., research assistant professor of medicine. "This long-term study is the first of its kind to look at osteoarthritis, also called degenerative arthritis, in the rural South. It will enable us to have a comprehensive understanding about this devastating condition." Johnston County was chosen because of the high rates of farmers and blue-collar workers, who do more knee bending and repetitive motions, or are involved in strenuous activities, which may lead to osteoarthritis.

Osteoarthritis can cause crippling pain and joint degeneration. A national survey estimates that knee osteoarthritis affects 10 to 15 percent of people ages 45 to 74 in the U.S. and osteoarthritis in the hip affects about 3 percent. It causes much pain and disability and is costly in terms of health care dollars from time lost from work and joint replacement surgeries.

"In Johnston County, osteoarthritis of the knee affects 30 to 50 percent of people who are 45 years of age or older, with the higher number reflecting older persons. About 30 percent of the population is affected by osteoarthritis of the hip," she said.

The study, conducted from the Rural Health Research Office in Smithfield, uses local people trained to interview and recruit eligible participants by going door to door. Jordan sees this approach as a means to get a much better estimate of the amount of arthritis actually in the community. "We are able to reach individuals who would ordinarily never come to medical attention or otherwise be included in a study of this type," she said. "We are raising awareness of this disorder and helping the community understand it better."

Investigators are studying rates of arthritis, risk factors for the disease, whether there are rate differences between African Americans and whites and what might cause these differences. Also, researchers want to know why some people with similar degrees of arthritis have more severe pain and disability than others. "Our thought is that there are other influences such as education, family cohesion, social support and employment factors that enter into whether a person becomes disabled or not," she said.

Also, study participants may benefit from several other projects now being offered in the county, which are designed specifically for those individuals with knee and hip pain. These projects include "Bone-Up," an arthritis self-help course, and another project dealing with exercise and arthritis.

Jordan and John G. Fryer, Ph.D., research professor in the biostatistics department; Harold L. Cook, Ph.D., research associate at the Sheps Center for Health Services Research; and Jordan Renner, M.D., associate professor of radiology, will enroll a total of 3,600 persons during the next few years and re-evaluate them every 5 years.

In addition, investigators will draw blood from study participants, and Bruce Caterson, Ph.D., Norfleet-Raney professor of research in orthopaedics, will study this fluid. From this large population of people some with or without osteoarthritis, the study team will be able to determine if there are markers in the blood that predict who will develop problems with osteoarthritis. □

Photo by Veomia Cogdell of The Smithfield Herald

Joanne M. Jordan, M.D., M.P.H., research assistant professor of medicine, checks a Johnston County patient's hands for signs of osteoarthritis.

'Maitre d' of the Medical School'

By Katharine C. Neal

Editor's Note: After nearly 30 years in the Dean's Office, Lucia W. Hudson has announced plans to retire August 1. Following are some recollections and observations by those with whom she has worked over the years.

She's been called "the maitre d' of the medical school" — the person who makes things run smoothly at all times. Her dedication to the School of Medicine is extraordinary; her sense of humor delightful; and her attention to detail is legendary.

So is her "wall" — an unusual collection of naughty and nice postcards and news clippings sent to her from hundreds of friends and colleagues.

We are talking, of course, about Lucia W. Hudson.

Lucia first came to North Carolina in 1961 on a dreary, rain-soaked February day. She and a friend had traveled from Richmond to find jobs at Duke University. But one look at the gray buildings on that gray day convinced her Duke was not the place to be. Someone suggested she take a look at Chapel Hill before returning home. "Where is that?" she asked.

Fortunately for the School of Medicine, the University was constructed primarily of red brick, in cheery contrast to our neighbor to the east. Lucia came; she saw; and, except for a brief sojourn to California, she stayed.

Thus began the Lucia Years.

Times were different then. The Dean's Office consisted of three people, including Lucia's mentor, the legendary Peaches Dunlap. There was no air conditioning, the work week included half-days on Saturday, and you could stay at the Carolina Inn for $7 a night. Each medical school class had about 60 students — small enough to be a real family.

The words "corporate culture" had yet to be coined, but Lucia already was making her mark on the personality of the Dean's Office. "I remember her gaiety, high spirits and unfailing cheerfulness," said Isaac M. Taylor, M.D., dean of the medical school from 1964-1971. "She was indispensable in keeping things moving."

Lucia began her tenure sitting in the reception area. There, she greeted, soothed and humored students and faculty alike.

Priscilla Wyrick, Ph.D., professor of microbiology, remembers Lucia's kindness as she waited to hear whether she had successfully defended her dissertation. The committee was discussing her case in the dean's office. "I was pacing back and forth, waiting for the committee to make its decision. Lucia knew I was nervous, so she offered me a seat and talked to me. She was very gracious and so kind."

Graciousness and kindness are hallmarks of Lucia's work, as is her absolute devotion to the medical school. Stuart Bondurant, dean of the medical school, who has worked with Lucia for the past 15 years, credits Lucia with being "a major force in creating the spirit of the School of Medicine." It is her genuine interest in people "of all ages and stages" that has contributed to the creation of that spirit, Bondurant added.

Christopher Fordham III, M.D., professor of medicine and former dean of the School of Medicine, describes her as "a very special person, part of the magic of the School of Medicine, the University, UNC Hospitals and the Chapel Hill.

"Components of that magic are excellence, beauty, character,venerable traditions, and the devoted and effective people who make it all work. Lucia so beautifully exemplifies that devotion," Fordham said.

Perhaps it was "magic" that allowed her, one Saturday afternoon, to overlook the fact that a graduate student's wig was on backwards. Unbeknownst to Lucia, the student had been busy apprehending marauding microbiology chicks infected with live cow-

> "I remember her gaiety, high spirits and unfailing cheerfulness. She was indispensable in keeping things moving."
>
> Isaac M. Taylor, M.D., Dean
> 1964-1971

Photo by Dan Crawford

Lucia Hudson in her office. Part of the infamous wall can be seen, right.

pox virus that threatened to breach the Dean's Office. She was afraid Lucia would see the chicks, and all microbiology students would be in terrible trouble. But "My, your hair looks nice today" is all Lucia is reported to have said as she walked back to her office, never seeing the chicks.

Once Priscilla Wyrick's heart started beating again, she went on to become a distinguished faculty member at the School of Medicine.

Laughter, indeed, must be the best medicine. And Lucia has been vigorously prescribing it for decades. The infamous wall has been described as just one — rather extraordinary — expression of her wit and humor.

G. Philip Manire, Ph.D., professor emeritus of microbiology and immunology, whose chicks ran amok near the dean's office, is rumored to be the wall's instigator. He started, appropriately enough, with a postcard of Adam and Eve — unclothed, of course, since Eve is still holding an unbitten apple.

"The wall serves as a sort of Rorschach test for everyone who comes in her office," said Bondurant. "It's interesting to watch them come in, become aware of the wall, then struggle with themselves not to look at it.

"Of course, it's impossible NOT to look, and it's WHAT they look at that is so intriguing," he added.

A steady stream of visitors comes through Lucia's office, to view additions to the wall, or just to chat. "They drop by because they enjoy her company," Bondurant said.

And sometimes they call, pretending to be someone else, just to see if they can get a rise out of Lucia. William B. Blythe, M.D., Marion Covington professor of medicine and long-time friend, is one of those.

"We joke with each other quite a bit," said Blythe. "I've been able to fool her by calling up with a different accent, but she's always courteous, whether the caller is Iranian, French, British, or a yard man from Chatham County." It is Blythe, incidentally, who first referred to her as a "maitre d' — truly the master of the house," he said.

Courtesy, charm, grace, effectiveness, humor and, above all, genuine and total devotion to the School of Medicine: These are the characteristics of the "maitre d' of the medical school," a true lady, Lucia W. Hudson.

Living at the Interface of Clinical Medicine and Public Policy

By Katharine C. Neal

If you are a physician treating a teenager with sickle cell anemia or cystic fibrosis, what do you say when she asks about birth control? How do you help her deal with the more mundane — but equally important, to her — health issues such as acne?

Maria Britto, M.D., an internist, pediatrician and Robert Wood Johnson Foundation Clinical Scholar at the School of Medicine, hopes to find answers to these and other questions related to how adolescents with chronic illnesses receive primary care.

"We know a lot about the specialized treatment of adolescents with diseases such as cystic fibrosis," Britto said. "But we don't know how — or if — they are getting information about basic issues such as birth control and Pap smears.

"We also don't know enough about their risk-taking behaviors, whether it's trying cigarettes or having unprotected sex," she said.

Britto has just completed the first of her two years as a Clinical Scholar. She has received intense training in a wide variety of courses designed to prepare her to conduct a second-year research project on chronically ill adolescents. The experience has been very valuable.

"I've received training in different non-biological research methodologies, epidemiology, public health and medical history," Britto said. "I've also had the opportunity to meet all kinds of people across disciplines."

Expansion to Different Areas

It is this kind of exposure to different areas in medicine and public health that makes the Clinical Scholars program so valuable, she noted. "Most physicians don't get any training in health economics and public policy. They may be prepared for private practice, but they often are not well-prepared for careers in academic medicine, public policy and public health."

And preparing physicians for those careers is the primary goal of the Clinical Scholars program, according to David Ransohoff, M.D., co-director of the program, professor of medicine and epidemiology and a former Clinical Scholar at Yale.

"This is a tremendous program," Ransohoff said. "It reflects a substantial financial commitment by the Robert Wood Johnson Foundation to support physicians who live at the interface between clinical medicine and public policy."

The UNC-CH program began in 1974, a year after the foundation began its support for the national program. In addition to Ransohoff, Gordon H. DeFriese, Ph.D., director of the Cecil G. Sheps Center for Health Services Research and professor of social medicine, epidemiology, and health policy and administration, serves as co-director.

Other institutions participating in the Robert Wood Johnson Foundation Clinical Scholars Program are the University of California at Los Angeles; University of California at San Francisco and Stanford University, which offer a joint program; University of Pennsylvania; University of Washington at Seattle; and Yale University.

In the fall of 1993, the Foundation renewed its commitment to the UNC-CH program with an award of $229,419.

Full Spectrum of Resources

"The continued support of our program reaffirms that UNC-CH provides scholars the necessary skills and resources to address the nation's important health care problems," Ransohoff said. "Our program is strengthened by the fact it offers the full spectrum of academic resources of the university, plus a diverse group of health-related institutions in Research Triangle, in North Carolina state and local government, and in a wide range of affiliated medical practices throughout the state, many of which are in rural settings."

He noted that Clinical Scholars at UNC-CH and at other programs have gone on to serve as advisors to government agencies, academic institutions, pharmaceutical companies and major health care delivery institutions such as health maintenance organizations and insurance companies.

For Britto, the Clinical Scholars program presented the perfect opportunity to combine her interest in adolescents with a research project that, ultimately, may help those with chronic illnesses receive more comprehensive primary care.

"The specialists working with cystic fibrosis and sickle cell provide superb care for adolescents, but there is no good system set up to ensure their patients get information about other important health issues," she said.

Britto attributes the lack of such a system to a number of factors. "Many physicians are not comfortable addressing important adolescent health issues such as sexuality and relationships. They also may not understand how important some issues are."

Understanding What's Important

For example, skin blemishes may seem relatively unimportant to an adult, but to a teen, they can be devastating. "You have to understand what's important to them," Britto said.

Adolescents also have a different — and very short-term — perspective on time. "A teenage girl may decide to stop taking the Pill on Thursday just because she broke up with her boyfriend that day. Teens often don't think beyond today."

Physicians have been looking more closely at the special needs of adolescents for the past 15 to 20 years, but adolescent medicine has not been a board-certified specialty until this year.

"People — not just physicians — either love teens or hate them, regardless of their training. It takes a while to become comfortable with them," she acknowledged.

Adolescents may be difficult to deal with, sometimes, but Britto really enjoys her work with them.

"It's an exciting group to work with. They're not as wed to bad habits, like smoking, as adults are, and they're excited about making changes themselves. They say, 'OK — I can do this.' They're real change-the-world kind of people," she said. □

Wilson Receives Distinguished Faculty Award

By Veronica A. Gontram

Frank C. Wilson, M.D., Kenan professor of surgery and chief of orthopaedics at the School of Medicine, has received the 1994 Distinguished Faculty Award.

Mary Susan Kirk Fulghum, M.D., president of the Medical Alumni Association, which gives the annual award, made the presentation to Wilson April 29 at the annual association banquet in Chapel Hill.

The honor recognizes excellence in teaching, contributions to medicine, leadership in physician continuing education and efforts to improve communication among alumni, faculty and N.C. residents.

Stuart Bondurant, M.D., dean of the School of Medicine, saluted Wilson for his academic leadership. "Dr. Wilson is a remarkable chief of orthopaedic surgery," the dean said.

"During his 27 years as chief, he has maintained an extraordinary commitment to excellence in patient care, teaching and research. This dedication has resulted in an exemplary orthopaedic program at the University of North Carolina at Chapel Hill."

Bondurant added that Wilson's influence has been felt not only at UNC-CH, but nationally and internationally as well. "Through leadership in national organizations, Dr. Wilson has played a critical role in shaping orthopaedic policies and practices in the United States and around the world," Bondurant said.

Frank C. Wilson, M.D.

Wilson is a graduate of Vanderbilt University and the Medical College of Georgia. He joined the School of Medicine faculty as an instructor of orthopaedic surgery in 1964 after serving as resident in surgery and Senior Annie C. Kane fellow in orthopaedics at Columbia-Presbyterian Medical Center in New York City. He was named chief of his division at UNC-CH just three years after his arrival.

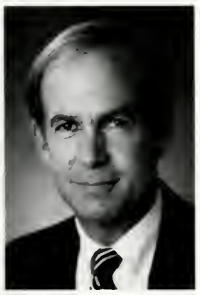
A pioneer in knee replacement surgery, Wilson authored a seminal scientific paper in 1972 that was perhaps the first indication in the United States that total knee replacement was safe and effective. His research efforts have focused also on ankle injuries, musculoskeletal infections and medical education.

"Dr. Wilson is a master educator who has imparted wisdom to a generation of students," Fulghum said. "He developed the Musculoskeletal Curriculum for medical students and developed a course on basic surgical education for first-year surgery residents. He also is responsible for the development of a highly sought-after residency program in orthopaedic surgery at UNC-CH."

Wilson's scholastic influence has been felt in the humanities as well. Since 1980, he has taught an undergraduate honors program course on N.C. author and UNC-CH alumnus Thomas Wolfe. In 1992, UNC-CH recognized the depth and diversity of his academic contributions by bestowing upon him two of its highest honors: a Kenan professorship and the Thomas Jefferson Award.

In 1993, the division of orthopaedics established a $500,000 distinguished professorship to honor Wilson. The Frank C. Wilson distinguished professorship in orthopaedics is being used to help attract and retain highly qualified professionals to lead the UNC-CH orthopaedic program.

New Chief of Cardiology Arrives



Sidney C. Smith, Jr., M.D.

Sidney C. Smith Jr., M. D., a nationally known clinical cardiologist and president-elect of the American Heart Association, has been appointed chief of cardiology and professor of medicine at the School of Medicine.

"Dr. Smith is a distinguished cardiologist and an outstanding teacher," said Stuart Bondurant, M.D., dean of the School of Medicine. "We are pleased to welcome him to the faculty of the School of Medicine."

The dean also noted the significance of Smith's AHA appointment. "The American Heart Association has been a source of many of the advances in the prevention and treatment of heart disease and stroke. We are pleased that Dr. Smith will be leading that great organization," Bondurant said.

Smith comes to UNC-CH from San Diego, where he served as medical director of the San Diego Cardiac Center, director of cardiology at Sharp Memorial Hospital and clinical professor of medicine at the University of California at San Diego.

"I am delighted to be here," said Smith, who graduated from Yale Medical School and completed an internship, residency and cardiovascular fellowship at Brigham Hospital and Harvard Medical School in Boston. "I am excited to be able to bring many of the lessons learned from a large clinical program back to the academic environment. It is a nice challenge and an opportunity that I couldn't turn down."

Smith said that part of his focus at UNC-CH will be prevention of cardiovascular disease. "It makes so much sense to try to prevent disease rather than treat it with very expensive procedures after it's occurred," he said.

—Veronica A. Gontram

Four Distinguished Service Awards Presented

The School of Medicine and the Medical Alumni Association presented four 1994 Distinguished Service Awards on April 29 at the annual spring alumni banquet. Recipients were George H.V. Cecil of Asheville, member of the UNC Hospitals board of directors; J. Larry Jameson, M.D., Ph.D., of Chicago, professor of medicine at Northwestern University School of Medicine; Samuel G. "Bo" Jenkins Jr., M.D., an Elizabeth City surgeon; and the late John C. Parker, M.D., of Chapel Hill, Kenan professor of medicine at the School of Medicine.

Stuart Bondurant, M.D., dean of the School of Medicine, presented the awards.

Cecil began his career in public service after returning to Asheville from a World War II stint in the British navy. He became a member of the board of directors of Memorial Mission Hospital in Asheville. He also assumed leadership of the family's business, Biltmore Dairy Farms Inc.

George H.V. Cecil

Cecil became a founding member of the board of directors of North Carolina Memorial Hospital (now UNC Hospitals) in 1971. Since then, Bondurant said, "He has been an energetic and insightful leader in the governance of our hospitals and the affairs of our medical center.

"Indeed, it has been said that many of the best characteristics of UNC Hospitals can be traced to his work as a member of the board of directors. During Mr. Cecil's 22-year tenure on the board, UNC Hospitals has undergone dramatic facility growth," Bondurant added.

Jameson came to UNC-CH as an undergraduate in the fall of 1972. He proceeded to earn a B.S. in Chemistry with Honors in 1976, and in 1981 an M.D. and Ph.D. (Biochemistry) with Honors. After a stint at Harvard Medical School and Massachusetts General Hospital, he went to the Northwestern University School of Medicine. In addition to his professorship at Northwestern, he also serves as chief of the Division of Endocrinology, Metabolism, and Molecular Medicine at Northwestern Memorial Hospital.

J. Larry Jameson, M.D., Ph.D.

"During his years of outstanding service at Massachusetts General Hospital and Harvard, Dr. Jameson established himself as a leader in endocrinology research," Bondurant said. "His basic and clinical research discoveries have provided important new understanding and insights in this field."

Jenkins, a Tarboro native, obtained his undergraduate degree from UNC-CH in 1948, tried a career in business, then returned to earn his M.D. in 1955. He completed his residency training at N.C. Memorial Hospital in 1963, then opened a surgery practice in Elizabeth City, where he still practices.

Samuel B. "Bo" Jenkins, Jr., M.D.

"Dr. Jenkins exemplifies the highest ideals of the medical profession," Bondurant said. "He is a skillful physician, a pioneering surgeon and a compassionate humanitarian who is beloved by his patients and respected by his colleagues."

In addition to his work in Elizabeth City, Jenkins travels at least once each year to the Hospital Sainte Croix in Haiti, where he provides surgical care for patients and helps train staff. The medical director of the hospital says of Jenkins: "His academic and surgical contributions to our hospital have advanced the quality of medical care in our hospital over the years."

Parker joined the School of Medicine faculty in 1967 after earning his M.D. at Yale University and completing residency training at Massachusetts General Hospital in Boston. He was named Kenan professor of medicine in 1991. He was known both for his seminal research in red blood cells and his exceptional teaching skill. He died in November after a long illness. His wife, Peg, accepted the award on his behalf.

John C. Parker, M.D.

Photo by Dan Crawford

"Perhaps Dr. Parker's greatest accomplishment — and his greatest joy — was teaching. He often said he felt that he learned more from his students than they learned from him," Bondurant said.

"But his students and his colleagues know the truth: that his high standards set a benchmark they will strive for always; that his enthusiasm and passion for his subject sparked their own enthusiasm; and that his delight in their success inspired them to be better.

"The legacy Dr. Parker has left will extend far into the future," Bondurant added. "And his influence as a teacher and role model for thousands of young physicians will affect the health care of untold numbers of patients in North Carolina and beyond for generations to come." □

Faculty Notes

George F. Sheldon, M.D., Zack D. Owens distinguished professor of surgery, has been reappointed by the UNC-CH Board of Trustees to a five-year term as chair of the Department of Surgery at the School of Medicine. The appointment was effective April 1.

Sheldon

Sheldon came to the School of Medicine in 1984 as chair of the Department of Surgery from the University of California, San Francisco, School of Medicine, where he had been on the faculty for 13 years. He is a 1961 graduate of Kansas University Medical School and completed his residency training in surgery at the University of California, San Francisco, Medical Center.

"Dr. Sheldon is recognized nationally and internationally as a preeminent leader in his field," said Stuart Bondurant, M.D., dean of the School of Medicine. "He is a distinguished clinician, teacher and researcher whose leadership has played a critical role in shaping the academic and clinical services of the Department of Surgery. He has extended the great department built by his predecessors, Drs. Nathan Womack and Colin Thomas, to become one of well-deserved international distinction."

Sheldon has published 205 articles, book chapters and editorials, and is a member of numerous professional organizations including the American College of Surgeons, the American Surgical Association, the American Board of Surgery, the American Association for the Surgery of Trauma and the American Burn Association.

Kunihiko Suzuki, M.D., professor of neurology and psychiatry and director of the Brain Development Research Center, has accepted an invitation to serve as a member of the Neurology C Study Section, Division of Research Grants, National Institutes of Health. Members are selected on the basis of their demonstrated competence and achievement in their scientific discipline as evidenced by the quality of research accomplishments, publications in scientific journals, and other significant scientific activities, achievements and honors.

Suzuki

David E. Eifrig, M.D., chair of the Department of Ophthalmology, has been named president of the Association of University Professors of Ophthalmology Inc. The organization promotes education, research and patient care in the 148 departments and divisions of ophthalmology in medical schools and hospitals throughout the U.S.

Eifrig

Harold R. Roberts, M.D., Kenan professor and director of the Center for Thrombosis and Hemostasis, will serve as chairman of the International Federation of Clinical Chemists conference in Geneva, Switzerland, in October.

Roberts

The meeting is hosted by the World Health Organization and addresses laboratory testing methods for blood coagulation disorders.

Roberts is executive director of the International Society on Thrombosis and Hemostasis, which fosters International standardization of methods and nomenclature in blood coagulation research.

James F. Howard Jr., M.D., professor of neurology, was elected president of the North Carolina Neurological Society at its winter meeting in Charlotte. Howard has previously served as vice president of the organization for the last year.

Howard joined the faculty of the department of Neurology in 1979 after receiving his neurological training at the University of Vermont and Albany Medical Center. He is co-director of the Muscular Dystrophy Association Clinic at UNC Hospitals, and director of the EMG Section of the Clinical Neurophysiology Laboratory.

His research interests are in myasthenia gravis and other disorders of neuromuscular transmission.

James A. Bryan II, M.D., professor of medicine and social medicine, has received a North Carolina Distinguished Internist Award from the North Carolina chapter of the American College of Physicians in Durham.

News Briefs

New Funding Record Set in '93

Grants, contracts and other sponsored funding to the School of Medicine climbed to $119.2 million during fiscal year 1993, a 13.4 percent increase over the previous year.

Total funding for the first half of fiscal 1994, from July 1 to December 31, 1993, reached almost $69 million. If medical faculty members continue attracting support for their research, training and public service efforts at the current pace, they will set another new record of $138 million by July 1.

"As proud as we are of the ability of our superb faculty to compete for these awards, we are even more pleased that their hard work is leading to better health for the people of North Carolina and the nation," said Stuart Bondurant, M.D., dean of the school. "Contributions of the National Institutes of Health and other agencies and organizations to the School of Medicine also serve to strengthen our teaching programs and to aid our understanding of how to prevent, diagnose and treat disease."

During fiscal 1993, the departments of medicine, pediatrics, pathology and physiology received $20.3 million, $7.8 million, $6.7 million and $5.7 million, respectively.

Gene Therapy for Cystic Fibrosis

North Carolina's first clinical studies aimed at gene therapy for cystic fibrosis have begun at UNC-CH.

Cystic fibrosis, the most common fatal genetic illness among whites, involves overly thick lung secretions that trap bacteria and other organisms and cause chronic, life-threatening infections.

"Right now we are testing whether we can safely and effectively transfer healthy copies of the genes that are defective in cystic fibrosis into cells lining the inside of patient's noses," said Michael R. Knowles, M.D., associate professor of medicine and director of the study.

"We are testing airway cells in the nose rather than in the lungs because the cells are similar at both sites, because they are easier to get to for daily testing and because we believe it is safer at this early stage."

Knowles, Richard Boucher, M.D., professor of medicine, and colleagues already have treated two patients and have observed no adverse side effects. Whether the gene, known as CFTR, was transferred successfully will not be known until tests have been completed on the first group of three patients.

The nation's only similar study is taking place at the University of Iowa, Knowles said. Two others, at Cornell University and the University of Pennsylvania, are targeting the lung.

The UNC-CH group transfers healthy genes by first linking them to adenoviruses, which infect airway cells and, in nature, employ the cells' own machinery to replicate a few copies into millions. Molecular geneticists strip the adenoviruses of their ability to reproduce, however, while leaving intact their remarkable capacity to enter airway cells.

Healthy CFTR genes then ride piggyback into cells and begin constructing normal proteins CF patients cannot make on their own.

The experiments are going well, the physician said. Patient volunteers are isolated at the Caviness General Clinical Research Center, a special research ward of UNC Hospitals, during treatment.

"This is a multidisciplinary effort involving dozens of people on the human rights committee here, the clinical research center, the Food and Drug Administration, the National Institutes of Health's recombinant advisory committee, infection control specialists, molecular biologists, pulmonary physicians, nurses and patients," Knowles said. "Because so many different people are involved, studies this well-controlled and rigorous can only be done at major centers."

Key contributors include Drs. Ed Hu, professor of pediatrics; Larry Johnson, assistant professor of pulmonary medicine; Eugene Orringer, professor of medicine and director of the Caviness center; and Jude Samulski, director of the university's gene therapy program.

Depending on researchers' progress, gene therapy for cystic fibrosis and other major illnesses could become routine within a decade, Knowles said.

New, Reinforced Implant Helps Surgeons Repair Facial Bones

David Graninger of Roanoke, VA, has had plastic surgery nine times to reconstruct his facial bones because of congenital bone defects. He may need more surgeries for the face of his dreams.

Investigators at the School of Medicine hope that a new, improved implant material will reduce the number of surgeries future patients experience.

The new implants contain a synthetic mesh that provides greater structural support. This will allow plastic surgeons to better build up facial bones or bones in the head that have been lost to illness or injury. "With a thicker biomaterial implant possible, patients may undergo fewer surgeries," said Jacob S. Hanker, Ph.D., professor of biomedical engineering.

"We believe these new, reinforced permanent implants are going to help numerous people with craniofacial defects, particularly some patients who previously were considered inoperable because they have extensive bone damage," said Hanker who developed the first implants.

"The new implants are much stronger than what we were using. Adding the mesh to the implant is like using steel rods to reinforce concrete," he said.

Investigators Seek Clues to Cause of Deadly Infection

Advances in technology have helped physicians treat some of the major causes of injury and death including shock, renal failure and respiratory failure.

But, the medical advances that allow more patients to survive have not prevented some patients from developing a generalized septic syndrome known as systemic inflammatory response syndrome (SIRS).

SIRS, formerly called sepsis, causes 15,000 to 16,000 of the 140,000 trauma deaths that occur annually in the United States. Currently, no effective drug treatments are available for this syndrome, which — signaled by a sudden temperature change, clammy skin, and a drop in blood pressure — is an intense immune response to the aftermath of an infection.

"In the last 15 years, SIRS has become a very big problem, as we've helped patients survive many of the problems that used to kill them after a trauma injury or after major surgery," said Christopher C. Baker, M.D., professor of surgery at the School of Medicine. "SIRS, and the multiple organ failure that often results, has arisen as one of the foremost challenges facing clinicians caring for critically ill patients."

Baker is studying the immune system to determine what happens during SIRS. In particular, he is studying the macrophage, a specialized blood cell involved in host defenses.

Baker and his colleagues have determined that a few days after individuals experience an injury, their macrophages develop an abnormality. The investigators are trying to determine what that abnormality is.

"We believe macrophages found in the liver, called Kupffer cells, increase their oxygen intake. While this response is helpful initially after injury, it causes problems if the body does not turn off the process," he said.

Research May Reduce Infections Burn Patients Experience

Two studies recently conducted at the School of Medicine may help reduce or eliminate severe infections burn patients experience. One study concentrated on a new antibiotic to treat infection, and the second investigated the cause of severe, often fatal infections that burn patients experience.

"Burn injuries shut down the immune system of individuals, making these patients highly susceptible to infections," said Bruce A. Cairns, M.D., a resident at UNC Hospitals who performed his research with Anthony A. Meyer, M.D., professor of general surgery. "Many burn patients die, not from their burns, but from infections," Cairns said.

Cairns and his co-workers studied a new type of topical antibiotic that may be far superior than current treatments. "Although antibiotic therapies fight infections, they all have the unwanted side effect of killing cells capable of producing new skin. They are not ideal treatments," he said.

The UNC-CH researchers investigated whether a new type of antibiotic agent, called defensins, which originally were found in insects, was a better treatment. Using two synthetic versions of the antibiotic agent made by Demeter Biotechnologies, the investigators found that defensins worked more effectively than traditional antibiotics.

Hiromasa Yamamoto, M.D., a resident at UNC Hospitals who also worked with Dr. Meyer, performed studies to understand what may cause the often-fatal infections burn patients experience.

Burn patients initially develop a relatively mild infection immediately after being burned, but a few days later some patients develop a potentially fatal infection that rages out of control throughout their body. By understanding how this second type of infection occurs, investigators hope to prevent it.

"Systemic infection, or infection of the whole body, is a very serious problem in burn patients," Yamamoto said. The burn happens to the skin, but the effects are seen throughout the body.

Scientists were aware that after a burn injury, bacteria normally present in the intestine migrate throughout the body causing infection. "But, the infection caused by this bacterial translocation is quickly controlled by the immune system," Yamamoto said. "This mild infection does not explain why some patients die from a later, more

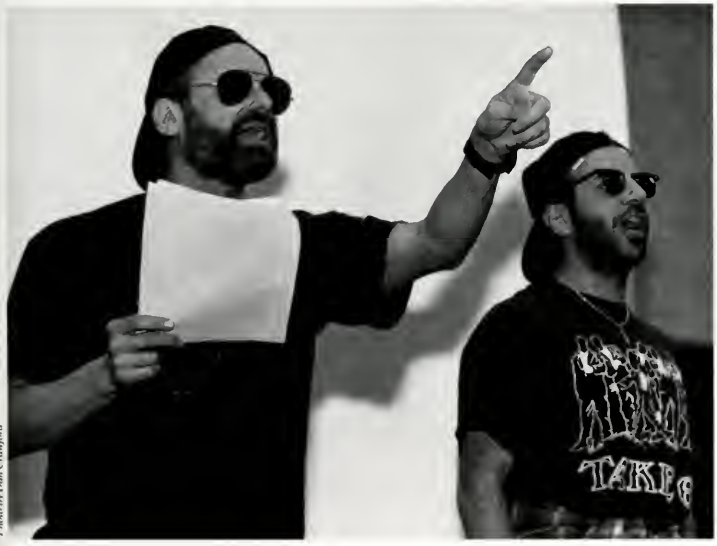


Photo by Dan Cooper

Charles van der Horst, M.D., and Peter Leone, M.D., assistant professors of medicine, perform "Deadly Serious," a refresher rap on caring for HIV patients. Graduating medical students invited them to perform during the annual Pearls Day.

severe infection."

While studying mice, Yamamoto discovered what may explain the secondary infection. After the initial infection subsided, a second infection occurred about a week later. Again, bacteria from the intestine moved into the blood stream, where they were carried throughout the body and caused infection in various organs. This second infection involved significantly more bacteria than the first. Also, the second type of bacteria were different than the ones that cause the initial infection, Yamamoto said. "This second round of bacterial translocation may play an important role in causing the deadly whole-body infection," he said.

UNC Hospitals a Leader in Diagnosing/Treating PKU

Nina Berner of Marshallberg, NC, looked perfectly healthy when she was born last September, but she has an inherited disorder that, if untreated, would have resulted in severe mental retardation. Today, after treatment was initiated at UNC Hospitals, she is a happy, healthy 9-month-old baby.

Nina, like all North Carolina newborns, was screened for phenylketonuria (PKU) by the State Newborn Screening Laboratory in Raleigh. When Nina's test indicated that she had elevated blood levels of phenylalanine, she was referred to UNC Hospitals for a definitive diagnosis of PKU.

"All children in North Carolina with a preliminary diagnosis of PKU are referred to UNC Hospitals for further evaluation," said Joe Muenzer, M.D., associate professor of pediatrics and the new director of the biochemical genetics and metabolism section in the Division of Genetics and Metabolism. This section is responsible for diagnosing, treating and monitoring patients with PKU, as well as other inherited errors of metabolism.

"We can confirm the diagnosis of PKU in our laboratory, allowing us to immediately start treatment for newborns with PKU. We also provide long-term, comprehensive care for patients with PKU to ensure normal growth and development, he said.

"When Nina was born I thought, 'What could possibly be wrong with a baby that weighed 10 pounds, 7 ounces?,'" said Ginny Berner, Nina's mother. "Although I had heard of PKU before, I didn't know much about it. My husband and I are truly amazed at how much the doctors at UNC-CH were able to teach us—and how quickly."

PKU affects one child in 20,000 in North Carolina. Children with PKU are unable to break down or metabolize a specific amino acid, phenylalanine, found in all protein-containing foods. If these children consume a normal diet, the phenylalanine builds up and causes mental retardation by three to six months of age.

"When children eat a special diet, eliminating milk, meat, eggs and cheeses and substituting a special PKU formula that contains proteins from which phenylalanine has been chemically removed, they will grow up healthy — both physically and mentally," said Dianne Frazier, Ph.D., adjunct assistant professor of pediatrics and biochemistry.

Frazier is responsible for designing and monitoring the diets of about 100 children and adults with PKU who are seen at UNC Hospitals.

After Nina's diagnosis, she was placed on this special diet, which is enabling her to develop normally. "She's such a happy baby when her phenylalanine levels are in the right range," Ginny Berner said. "I have nothing but the highest praise for the doctors at UNC. They are helping Nina grow up to be like any other child," she said.

Photo by Dan Crawford

Deborah Prothrow-Stith, M.D., right, talks with students after delivering the 1994 Lawrence Zollicoffer Lecture. Prothrow-Stith, assistant dean for government and community programs at the Harvard School of Public Health, discussed "Adolescent Violence: An American Public Health Problem." The Zollicoffer lecture was established in 1981 by members of the UNC-CH chapter of the Student National Medical Association. It is named in honor of Dr. Lawrence Zollicoffer (1930-1976), the fourth black graduate of the UNC-CH School of Medicine.

Raeford Teen Overcomes Paralysis

By Veronica A. Gontram

A pick-up truck accident in October left 15-year-old Brandy Williamson paralyzed below the waist. Today, the Raeford teen is walking again, thanks to the new spine surgeon and a team of health care providers at UNC Hospitals.

"She has exceeded everyone's expectations, and we couldn't be more thrilled," said Williamson's mother, Betty Croft. "Not only is Brandy walking, but she's doing so without leg braces or a limp. She's doing wonderfully."

"I'm ecstatic about her progress," said Richard M. Toselli, M.D., new director of the spine section of the division of neurosurgery at the School of Medicine. "She's done remarkably well, and her prognosis is good."

Richard Toselli, M.D., new director of the spine section of the division of neurosurgery at the School of Medicine, tests Brandy Williamson's reflexes during one of her monthly check-ups at UNC Hospitals.

Williamson was lying in the back of a pick-up truck Oct. 25, when the truck hit a tree near Hoke High School. The force of the crash threw Williamson toward the truck's cab, which she hit head-first.

Toselli said that the impact caused Williamson to lose all motor function below the middle of her back. She was taken to Moore Regional Hospital, then airlifted by Carolina Air Care to UNC Hospitals.

Toselli performed reconstructive surgery on Williamson three days later when the swelling caused by the accident had subsided. The surgery, which lasted six hours, involved using rods to realign Williamson's spine and taking bone from her hip to fuse the vertebrae.

"Dr. Toselli's surgical skills, as exhibited in Brandy's case, are top-notch," said Steven Gudeman, M.D., chief of neurosurgery. "We are thrilled to welcome such a highly qualified comprehensive spine specialist to UNC."

Toselli said that he is excited to be at UNC-CH and is already busy trying to get one project off the ground. "I was recruited to begin a multi-disciplinary spine program at UNC," Toselli said. "What that means is that I am pulling together physicians and other necessary resources so that within a year, we will be able to provide a broader range of services to patients who suffer from injuries to the spine.

"We'll see patients who have problems as simple as a back strain or as serious as an acute spinal cord injury," he said. "We'll provide appropriate treatment, be it surgery or rehabilitation. That's my goal."

Toselli also would like to set up a regional spinal cord injury center. "North Carolina does not have one, and there are almost 7 million people in this state," he said.

Toselli also has served as acting director of rehabilitation at UNC-CH. He gained experience in spinal cord rehabilitation while doing his fellowship in spinal cord injury and spinal reconstructive surgery at the Medical College of Wisconsin in Milwaukee. He also has served as acting director of rehabilitation at Brown University Medical School.

"I am pleased to take part in the rehabilitation process," Toselli said. "I like to keep track of the people I operate on. I like to know where they are in rehabilitation and how they are progressing.

"I think surgeons should participate in care after the wound heals," Toselli said. "And I think more of us are expressing an interest in long-term, quality-of-life issues."

Williamson began rehabilitation at UNC Hospitals approximately three weeks after surgery. Her mother decided to keep her at the Hospitals so that Williamson could keep up with her school work through the Hospital School and so that Toselli and other members of his team could continue to keep an eye on her.

Williamson returned to Raeford Dec. 9. She now receives physical therapy in Fayetteville three times each week and returns to UNC for monthly check-ups.

Williamson said that she is thrilled that her life is starting to return to normal. "I just got my driver's license on February 17," she said. "And I hope to start playing tennis as soon as the rods are removed from my back."

Croft said that her daughter has returned to the neurosurgery and pediatrics floors to say hello to those who cared for her. "Everyone is so pleased to see her walking," Croft said. "She's just such a success story."

Croft added that she feels blessed by Toselli's arrival and his skill. "We were incredibly fortunate to have Dr. Toselli as Brandy's surgeon," Croft said. "I can't tell you how much we appreciate the care he provided, as well as the care provided by the nursing staff, social workers and therapists. Every aspect of her care at UNC was just exceptional."

Match Day: 58 Percent Accept Primary Care Residencies

Graduating seniors Brendan Carmody, left, and Nitin Shenoi, right, celebrate Match Day results as Tushar Shah looks on.

Chandra Smith and Lisa Gillespie share an emotional moment.

Photos by Jay Mangum

By Leslie M. Purcell

During the 1994 National Residency Match in March, 93 percent of graduating seniors of the School of Medicine received their first, second or third choice. Of 155 graduating seniors, 132 participated in the National Residency Match. A total of 152 graduates will begin residencies July 1.

"One of the important trends we see among our graduates is a consistent interest in primary care," said Cheryl F. McCartney, M.D., associate dean for student affairs. "This year, 58 percent of our students were accepted in residencies in primary care specialties including family medicine, internal medicine, pediatrics, medicine-pediatrics and obstetrics-gynecology. Our goal is 60 percent, so we hope we're heading in the right direction."

Another trend is a broader distribution of women and minorities among the specialty areas. "In the past, the specialties that were more popular with women were pediatrics and psychiatry," McCartney said. "This year, half of our students going into surgery, obstetrics and gynecology, and internal medicine were women. This is a more representative distribution of our students since 48 percent of them are women. Our African-American students, who make up 14 percent of the class, distributed themselves across the various specialties, as well."

An increasing number of UNC-CH graduates also are choosing to stay in North Carolina or the Southeast for their residency. About 65 percent will stay in the region. About one-third of the graduates will continue their training in North Carolina. Thirty-five of those staying in the state matched at UNC Hospitals. This is up from 17 in 1989. □

Building Dedication Honors Fordham

Christopher C. Fordham III, M.D., former chancellor and former dean of the School of Medicine, was honored April 13 during the dedication of Christopher C. Fordham III Hall. More than 150 people attended the dedication.

"Throughout his career, Dr. Fordham has been known as a skilled administrator, a leader with vision, a humanitarian and scholar who has dedicated his life to public service," said Stephen Birdsall, dean, College of Arts and Sciences. "The building is a symbol of his success at bringing together the University's divisions of academic affairs and health affairs during his tenure as vice chancellor for health affairs and as chancellor of the University."

"Dr. Fordham's contributions to the School of Medicine have been both large and formative," said Stuart Bondurant, dean of the School of Medicine. "The spirit of Fordham Hall, embracing both Academic and Health Affairs, is an appropriate recognition of Dr. Fordham's legacy."

The $11.1 million, 60,000-square-foot building is located between Coker and Carrington halls. It is a true "working" laboratory facility, housing only faculty research laboratories for the Department of Biology and the Program on Molecular Biology and Biotechnology.

Fordham has called the building "a really wonderful way to tie the life sciences of the University with the basic medical sciences. There is a great deal of talent in both, and the building gives them an opportunity to work closer together."

A 1949 graduate of the University of North Carolina at Chapel Hill Certificate of Medicine program and a 1951 graduate of Harvard Medical School, Fordham joined the UNC-CH Department of Medicine as an instructor of medicine in 1958. During the next four decades, the Greensboro native rose through the ranks of the University system to professor of medicine, assistant dean and dean of the School of Medicine, vice chancellor for health affairs and chancellor of the University.

During Fordham's tenure as dean from 1971 to 1979, the School of Medicine expanded its programs and enrollment, strengthened its faculty, increased its research funding and expanded its research efforts in cancer, metabolism, alcoholism and virology. It also established the statewide Area Health Education Centers program to provide health care, clinical training and continuing education opportunities in rural and underserved areas of the state. The program now serves as a national model for decentralized medical education.

From 1977 to 1980, Fordham served as vice chancellor for health affairs. He is credited with building relations between the University's divisions of academic and health affairs during these years.

Throughout Fordham's term as the University's sixth Chancellor from 1980 to 1988, UNC-CH continued to gain momentum as one of the nation's most prestigious research institutions. Research funding increased dramatically, and the University was successful in recruiting outstanding faculty and staff. The quality of education offered at UNC-CH was cited in numerous commercial and professional rankings of top U.S. universities during the Fordham era.

Under his leadership as chancellor, the University also renewed its longtime partnership with the state's public schools by establishing more than 20 joint programs to improve teacher education, postgraduate teacher training and student experiences in state public school systems.

Respect for Fordham's expertise, intellect and leadership abilities extends well beyond the bounds of the University. Fordham was a founding member of the board of directors of the Microelectronics Center of North Carolina, served on the governing council of the National Academy of Sciences' Institute of Medicine, and is the past chairman of the Association of American Medical Colleges Council of Deans and Southern Council of Deans. He is a diplomate of the American College of Physicians and is a three-term president of the Southeastern Universities Research Association's Council of Presidents.

Photo by Dan Seitz

Christopher C. Fordham III, M.D., in front of Fordham Hall.

Class Notes

Manning Berryhill Club

Roger A. Smith, M.D. '45, has discontinued his surgery practice and is now a neurosurgical consultant in the San Bernardino, CA, area. He contributes historical articles to the area's monthly county medical bulletin.

Jesse H. Meredith, M.D. '49, was presented the "Honored Surgeon Award" of the American College of Surgeons, N.C. Chapter. Bowman Gray recently renamed its surgical research facility the Jesse H. Meredith Laboratories of Surgical Research.

50s

James C. Parke Jr., M.D. '54, is director of pediatric research at the Carolinas Medical Center in Charlotte. He served from 1968 to 1991 as chair of the Department of Pediatrics.

Cornelius T. Partrick, M.D. '54, has retired from Pamlico Internal Medicine Associates. He is now teaching part-time at the ECU School of Medicine.

60s

Robert B. Payne, M.D. '60, is medical director for HealthTech Inc. He retired in 1991 after 27 years of practice in internal medicine and cardiology and is now a consultant with a mobile cardiac cath lab company.

John M. McLean, M.D. '63, is associate professor of clinical neurology and chief of neurology and program director of the neurology residency program at the University of Illinois at Peoria.

Chet W. Taylor Jr., M.D. '63, is serving as state chairman of the Hawaii Health Department's Comprehensive Center Chiefs. His son, Chet III, is a freshman at UNC-CH. He invites anyone "out this way" to come fish, scuba dive for lobster and sail.

Leslie B. Branch, M.D. '65, is now in private practice with Drs. Mayer and Kareem in Lexington, KY. He is an associate professor in the Department of Medicine at the University of Kentucky. He retired from the U.S. Army at the rank of colonel after 30 years.

Patrick T. Malone, M.D. '68, had his second book published, "The Windows of Experience." He lives in Atlanta.

70s

Roberta S. Gray, M.D. '72, has left the Department of Pediatrics at ECU and is now practicing at Metrolina Nephrology Associates, P.A., in Charlotte.

Marguerite G. Pennington, Ph.D. '72, has retired and is now living in Goldsboro.

Charles W. Smith Jr., M.D. '74, is executive associate dean of clinical affairs at the University of Arkansas for Medical Sciences. He recently represented UAMS in negotiating collaborative agreement with Volgograd Medical Institute in Russia.

Sheldon M. Retchin, M.D. '76, was recently appointed president and chief executive officer of the Medical College of Virginia Associated Physicians. He and his wife, Tracy, an attorney, have a 10-month-old daughter, Sarah.

Franklin B. Waddell, M.D. '76, left the U.S. Air Force in 1992 and recently completed a year in practice in the Boston suburb of Winchester. He is president of Russell Hill OB-Gyn, P.C.

Julia McMurray, M.D. '79, relocated to Wisconsin, where she directs the University of Wisconsin Women's Health Clinic. She is an associate professor of Medicine. She reports that she and her husband, Mark Linzer, and their two children, Ben and Elizabeth, are living in Madison.

James G. Peden Jr., M.D. '79, a physician at the ECU School of Medicine, has been elected president of the Association of Medicine and Psychiatry, an international organization of clinicians with an interest in patients who have both physical and psychiatric problems. The organization has 200 members in North and South America and in Europe.

80s

Kenneth E. Hollingsworth, M.D. '80, a staff anesthesiologist at the National Naval Medical Center, recently participated in Operation Smile in Hanoi, Vietnam. During his two weeks in Hanoi, he provided anesthesia to children and adults receiving corrective plastic surgery and taught professionals.

Thomas J. Zuber, M.D. '83, recently relocated to Midland, MI, after accepting the position of assistant director of the National Procedures Institute and assistant clinical professor at Michigan State University.

Patricia A. Ferrari, M.D./Ph.D. '84, is a pediatrician at the Good Samaritan Medical Group in San Jose, CA. She and her husband, John Culhane, have a new son, Michael John.

Joel E. Schneider, M.D. '85, is now a cardiologist in Raleigh.

Tim K. Takaro, M.D. '85, joined a fellowship in occupational and environmental medicine at the University of Washington after completing an internal medicine residency at Oregon Health Sciences University. He also works on public health issues surrounding the Hanford Reservation and Central America.

M. Todd Brown, M.D. '86, has opened a new Carolina Eye Associates office in Kannapolis.

William Sutton, M.D. '87, is now married and part of an orthopaedics group in beautiful Wilmington. He's involved in sports medicine and general orthopaedics.

Darrell E. Hester, M.D. '87, is an active-duty eye surgeon with the U.S. Air Force and chief of the Ophthalmology Department at Keesler Medical Center, 81st Medical Group, at Keesler AFB in Biloxi, MS. A native of Greensboro, he is considering returning to the Tar Heel state after completing his current tour of service in the fall of 1994.

Dudley A. Hudspeth, M.D. '87, won an award at the first Residents and Fellows Research Day at the Bowman Gray/N.C. Baptist Hospital Medical Center. A seventh-year resident in cardiothoracic surgery, he won the basic science award for his work, "Enhancement of blood cardioplegia with adenosine avoids postischemic dysfunction in severely injured hearts."

Michael J. Duggan, M.D. House Staff '88, is a pathologist in private practice in Lincoln, NE. He and his wife, Laura, have one child, Max Perez, born June 1993.

Gail Quackenbush Eddens, M.D. '88, is a fellow in mammography and imaging at Memorial Sloan Kettering Cancer Center. She has a 2-year-old daughter, Lauren.

Merle Miller, M.D. '89, recently completed an emergency medicine residency at Denver General Hospital. She was married in September 1993 to Alex Maslanka, M.D., also an emergency physician. They live in Boulder, CO.

Dan Goulson, M.D. '89, completed his anesthesia residency at the University of Wisconsin Hospitals and Clinics. He has accepted the position of chief, anesthesia services, at Shiprock Indian Hospital in New Mexico.

90s

John W.C. (Trey) Entwistle III, M.D. '90, is a resident in general surgery at the Medical College of Virginia Hospitals. He is working on his Ph.D. at MCV. He reports that he and his wife, Mary, are the proud parents of their first-born, a daughter, Mary Elizabeth.

Gary B. Loden, M.D. '90, is now a resident in urology at George Washington University Medical Center, Washington, D.C., after completing two years of general surgery.

Teresa T. Trodden Anderson, M.D. '90, was recently appointed chief of staff at Acoma, Canoncito, Laguna (ACL) Indian Health Service Hospital, San Fidel, NM.

Jill C. Obremskey, M.D. '90, announces the birth of her daughter, Alexander Wynn. She also reports that she will finish her pediatric residency in June 1994.

Charles P. Ellington III, M.D., House Staff '87-'91, was recently awarded membership in the American College of Physician Executives, the nation's only educational and professional organization for physicians in medical management. He has one child, Taylor Kathleen, 3.

Richard Pollard, M.D. '91, resident in anesthesiology in Gainesville, FL., was recently elected chairman, resident component, in the American Society of Anesthesiologists. He has begun a fellowship in neuroanesthesia.

Gib Upchurch, M.D. '91, was named "Intern of the Year" at Harvard and is a third-year resident in surgery. He is also the proud father of a son, Rivers.

Rhonda Gregory, M.D. '91, is a third-year psychiatry resident at Georgetown University in Washington, D.C. She will begin her fellowship in child and adolescent psychiatry at Children's National Medical Center in Washington in June 1994. She was married to Marvin McMillian on December 18, 1993.

Helene Keyzer, M.D. '91, recently started her pediatrics practice in Ocala, FL. She is married to Richard Pollard, M.D. '91.

Bradford and Lisa Corbin Winslow, M.D. '92, both are at the University of Colorado. Brad is in family medicine and Lisa is in internal medicine. Lisa has been chosen as chief resident by the Department of Medicine for the academic year of 1995-96.

Deaths

Merle D. Bonner, M.D. '28
Harry L. Farrell, M.D. '29

Development Notes

Hobgood Leads National Fund-raising Efforts for School of Medicine

A.L. "A" Hobgood III of Kinston has been named national chair of the Excellence Fund and president of the Co-Founders' Club of the School of Medicine.

The Co-Founders' Club recognizes gifts of $1,000 or more during the fiscal year to medical programs. The Excellence Fund is the unrestricted annual fund for individuals, foundations and corporations across the U.S. It supports the School of Medicine and UNC Hospitals programs.

Hobgood is vice president of Scott and Stringfellow Investment Corp. and managing partner of Hobgood Investment Group. He also serves on the UNC-CH Board of Visitors and as director of The Medical Foundation of North Carolina Inc.

A.L. Hobgood III

"The Medical Foundation is strengthened by the volunteer leadership of A.L. Hobgood III. The results of his service will provide opportunities for improved health care for all North Carolinians through the UNC-CH School of Medicine and UNC Hospitals," said James H. Millis Sr., chairman of The Medical Foundation.

"The Hobgood family has been exemplary in their support of the Edwards-Hobgood Scholarships, which have benefited hundreds of medical students. They have worked tirelessly to ensure that the medical center in Chapel Hill maintains its position of national excellence," Millis added.

Hobgood is active in a number of community and business positions, including serving as a trustee of Parrott Academy and the LMH Foundation, both in Kinston. He also serves is a director of Carroll's Foods Inc., Smithfield-Carroll's Inc. and Wachovia Bank in Kinston. Hobgood, his wife, Sheila McNeil Hobgood, and their two sons live in Kinston.

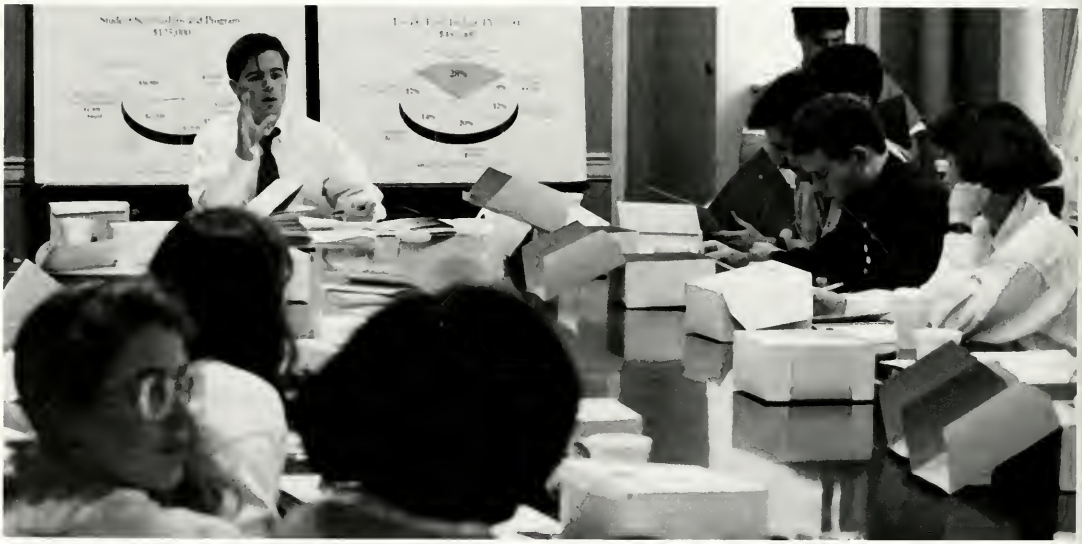


Photo by Dan Crawford

David Ward, chair of the Class of 1994 Loyalty Fund campaign, leads a meeting of the class steering committee that organized the campaign. About 40 fourth-year students at the School of Medicine served on the committee, which had a goal of 75 percent participation for the class, with a five-year pledge to the Loyalty Fund after graduation. At press time, they had achieved 40 percent. The Loyalty Fund is the unrestricted annual fund for medical school alumni, which include CMEDs, MDs, graduates of allied health programs and current faculty.

President's Letter

What a privilege and pleasure to address you for the first time as your alumni president! The growth of our Association and your generous contributions in recent years, together with the unswerving support of Dean Bondurant, the effectiveness of our administrative and development staffs, and the tireless effort of John Foust as national Loyalty Fund chair have brought our Association to new heights and have set the challenge for even more exciting and worthwhile projects and accomplishments ahead.

Furthermore, if I can bring but half the energy, charm and service to this position as our outgoing president, Mary Susan Fulghum, I will have served you well! On behalf of all of you, I thank Mary Susan for her splendid service and invite her continued support.

A special word of congratulation and welcome is extended to those of you who have just joined us from the class of '94; we look forward to your ongoing participation and fellowship within the Association.

We should all find great satisfaction in reviewing what we are doing for our Medical School. This year our Association has contributed $125,000 to student programs and scholarships, $80,000 to the Health Sciences Library (I hope you had an opportunity at the Annual Meeting to visit the multi-media teaching laboratory our Association has established) and $90,000 to an Endowment Fund which provides academic research seed grants and other support for student, faculty and housestaff development. Beyond this, funding will be provided for alumni outreach activities, the quality publications you have come to expect from the School of Medicine, the Berryhill Lecture, the Zollicoffer Lecture and numerous other worthy undertakings. With these exciting activities going on under your aegis, I hope many and more of you will want to become involved in the work of our Association.

During my term as your president, our Medical School will see the close of Stuart Bondurant's tenure as Dean. It would be folly for me to attempt to enumerate his accomplishments, but most of us have benefited directly and indirectly from so many of them — the five new clinical departments, the sterling new chiefs appointed as we have seen the "giants" of our era reach retirement, the physical expansion of the Medical Center campus and facilities (perhaps especially the new Ambulatory Care Center), the Medical School's increasing balance between strength in research and in community service, and last — but not least — Stuart's personal interest in and commitment to our Association. The vision, energy and time he has given to us have been truly phenomenal and have clearly been central to our recent growth and effectiveness as an Association. It is reassuring to know that he is, literally and figuratively, "one of us," and that we can doubtless count on his continued support and on his insistence that his successor maintain the strong bond that now exists between the Dean's office and our Association.

These are stressful times for all of us in medicine, whether we be practitioners in the state or elsewhere, faculty and researchers in Chapel Hill or beyond, administrators or policy makers. Our most fundamental values and systems are being challenged as never before, and painful though it be, they must and will change, likely rapidly. In the confusion that abounds, I find solace in the realization that every day I am still embraced by alma mater, be it through AHEC, the Clinical Consultation Service, the presence of medical students in my community, patient referrals to and from Chapel Hill, various CME programs or the functions of

our Medical Alumni Association. I suspect that holds true for most of you in the state and many of you elsewhere. And it may just be, as well, that in 1994 our destinies as alumni on the one hand and Medical School on the other are more inextricably entwined than ever before. What better time and what better reason to redouble your support of your Medical School and your Alumni Association?

Let us hear from you!

Sincerely,

Robert E. Sevier, M.D. '66

CME/Alumni Calendar

	Medical Alumni Activities	
June 24-26	Daily Anesthetic Challenges	Hilton Head, S.C.
July 11-15	Training Opportunities for Teachers of Autistic Children: Elementary & Adolescent (Also offered July 18-22, July 25-29 and July 31-Aug.5)	Chapel Hill
August 1-5	Center for Development and Learning's Course for Pediatricians, Psychologists and Educators	Research Triangle Park
August 3-6	Pediatric Flexible Brochoscopy Course	Chapel Hill
September 6	Training for Teachers of Preschool Autistic Children (workshop continues on Sept. 27, Oct. 21 and Nov. 18 and concludes on Dec. 15)	Raleigh
September 9-10	Fourth Annual Vascular Surgery Conference	Chapel Hill
October 7-8	Fall Medical Alumni Weekend	Chapel Hill

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Education and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call 1-800-862-6264.

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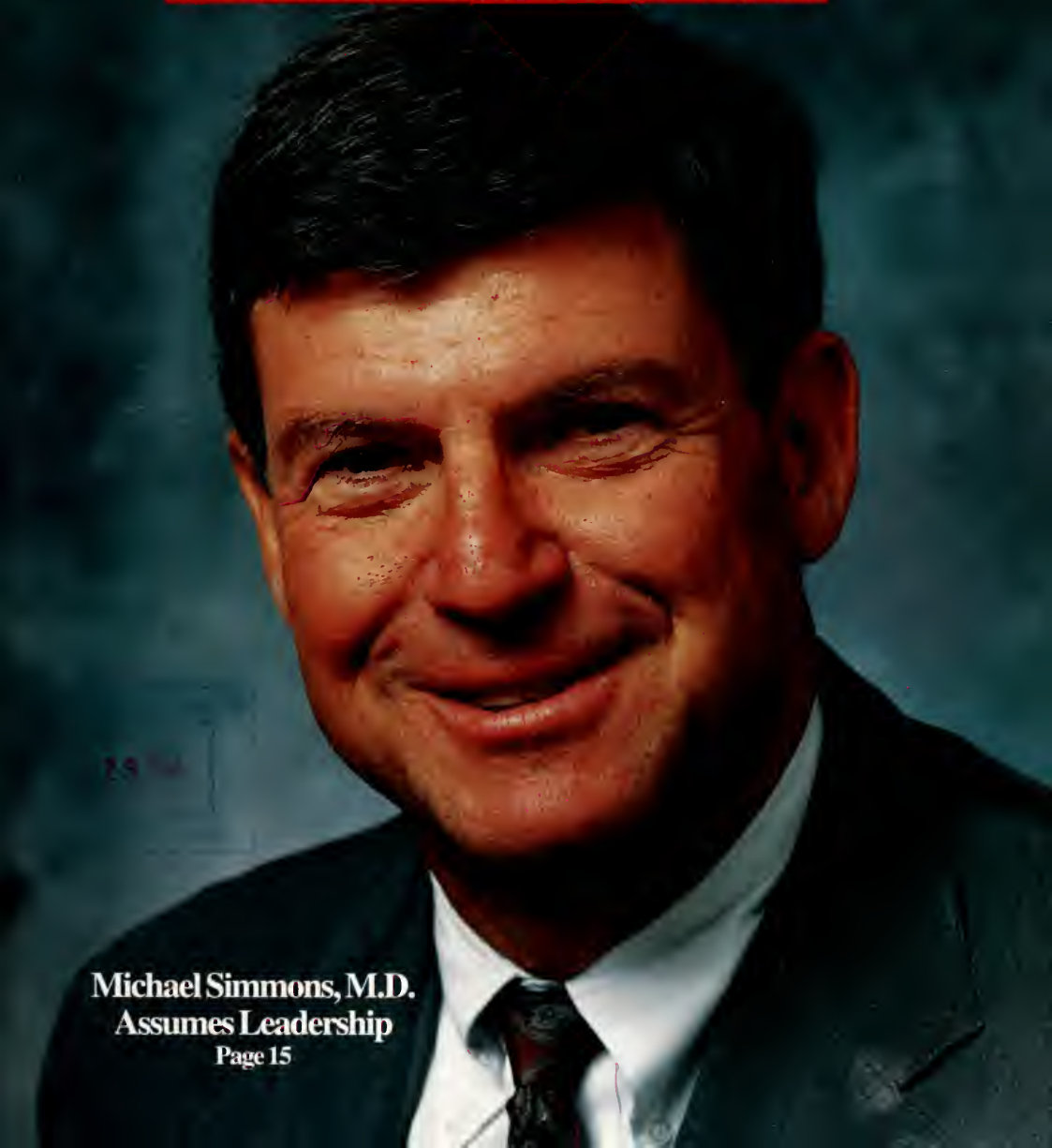
Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill



Michael Simmons, M.D. Assumes Leadership

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Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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On the Cover: Dean Michael Simmons, M.D.
(Photo by Lance Richardson)

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Correction: In the last issue's Dean's Page, Stuart Bondurant, M.D., outgoing dean, thanked many people responsible for the success of the medical school during his leadership, including associate and assistant deans. The footnote listing them inadvertently omitted William D. Huffines, M.D.

Robert English Sevier, M.D.'66

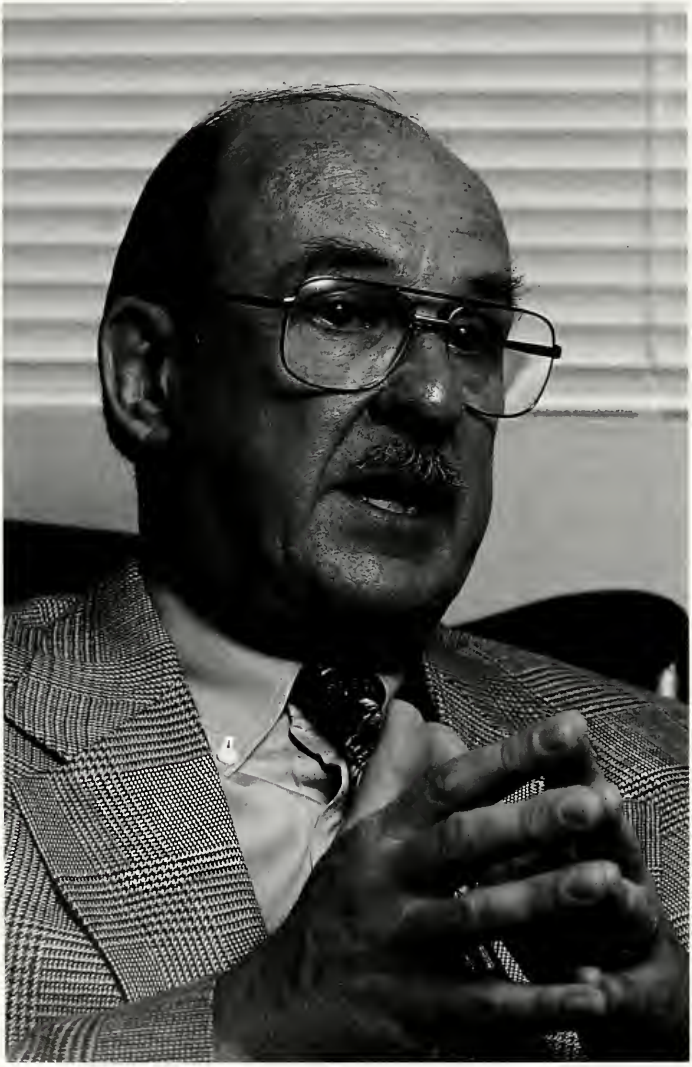


Photo by Dan Crawford

Robert Sevier, M.D.

By Cynthia Thomas

The late Louis Welt, M.D., chair of Internal Medicine in 1965, made a lasting impression on then-student Robert Sevier that sparked his interest in endocrinology and laid the foundation for his professional philosophy.

"One of my patients had Addison's disease (pernicious anemia)," Sevier remembers. "The patient had a clinical crisis, and Dr. Welt came to his bedside and stayed there during the entire four to five hours required to stabilize the patient. He continued to teach at the bedside the entire time. He was phenomenal."

Sevier became intrigued with understanding the endocrine system, which communicates between the body's higher central nervous system and all physiological aspects of the body.

"The endocrine system ties all medicine together, and this is one reason I enjoy it so much," says Sevier, who now shares his enthusiasm and knowledge with medical students as a clinical professor of the medical school.

Welt's treatment of the Addison's disease patient also taught Sevier about the patient/physician relationship.

"My philosophy is to try to remain as close as possible to my patients and see that their best interest is served. We're all sworn to be advocates for our patients," says the Greensboro physician.

"One of the greatest rewards of medicine is having a longitudinal relationship with patients—seeing them through life crises, growing up, and then treating their children as well."

Sevier has learned this philosphy not only from his experiences in medical school and residency training at Columbia-Presbyterian Medical Center in New York, but also from the example set by his grandfather, who was a general practice physician in Asheville. He also developed a greater understanding of patient and family needs through his first wife's prolonged, fatal battle with cancer.

Speaking of his wife's illness, Sevier says, "I hope it has made me more sensitive toward my patients, especially regarding life and death issues. I especially understand the feelings of anger and frustration that family members feel at such a time."

Health care reform, however, is threatening the philosophy Sevier shares with many other physicians.

"What scares me about health care reform is that if the patient's health care plan changes, then he or she must change physicians—then you lose the longitudinal relationship. It's hard to learn a patient's body language and develop a loving relationship when you only have them for a few years."

Specializing in diabetes, Sevier also is concerned about the impact health care reform will have on the health of his patients.

"In California, where health maintenance organizations are more prevalent, patients with diabetes sometimes don't get to an endocrinologist until they get kidney failure, blindness, foot ulcers or other horrible complications of the disease," says Sevier, who is on a national committee of the American Diabetes Association and is past president of the N.C. affiliate. "This system has an economic incentive for not making referrals to specialists."

Sevier, a medical adviser for the Diabetes Treatment Centers of America, emphasizes the importance of managing diabetic patients as soon as they are diagnosed. He cites a 1993 National Institutes of Health study demonstrating that the incidence of complications from diabetes is retarded 50 percent or more when treated aggressively.

As president of the Medical Alumni Association, Sevier also anticipates the impact health care reform will have on the relationship between the school and its alumni.

"With the economic pie shrinking, there likely will be increased competition with your friends and your alma mater. This will continue to be an area where the Alumni Association will have an opportunity to bridge the gaps and oversee the evolution. Also, some alumni who should be in a financially sound position will be struggling to survive. We need to be sensitive to the stress physicians are going through and be supportive of their needs."

> "My philosophy is to try to remain as close as possible to my patients and see that their best interest is served."
>
> Robert E. Sevier, M.D.

Sevier speaks from the heart as he talks with pride about alumni support of the medical school through the Loyalty Fund. "This year, we've given over $115,000 toward scholarships through the Loyalty Fund, $29,000 to faculty, housestaff and students for research through the Endowment Fund, and we will complete the $125,000 two-year pledge for the Medical Alumni Association Computer Lab in the Health Sciences Library. All of these things are critical. It is impressive that we've been able to give this much back to our university."

Among the tasks facing the Alumni Association, Sevier notes, are to continue the momentum of the Loyalty Fund, and to introduce Dean Michael Simmons to alumni and other key constituents of the medical center.

Sevier's blood must run Carolina blue because his support does not end with the medical school. He's also involved with the College of Arts and Sciences and the Morehead Foundation.

The youngest of five children, Sevier says he is grateful to UNC-CH for the Morehead and Berryhill scholarships that enabled him to attend medical school. And now, he is the proud father of a School of Pharmacy graduate. Sevier's daughter, Kelly, is a pharmacist in New Bern, and his son, Robert, lives in Greensboro.

He even owes his second marriage to Carolina. It was rain at a 1990 football game that forced Sevier to huddle under his poncho with his date, Marlot Hays Phillips, fostering a togetherness that blossomed into marriage a year later.

And when he's not practicing medicine, Sevier likes to catch king mackerel off Wrightsville Beach or play golf.

Whether he's attending a football game or casting into the ocean, Sevier's thoughts and energies are never far from his patients and causes. "He is known as a leader among his fellow alumni, a champion for diabetes treatment, a teacher to medical students and residents, and a dedicated physician to his patients and colleagues," said William Easterling Jr., M.D., associate dean for continuing medical education and alumni affairs. □

Curriculum Review Prepares for the Future

It was the kind of thorough evaluation that happens "once in a decade," says William Mattern, M.D., co-chair of the Curriculum Review project and associate dean for academic affairs at the School of Medicine.

Mattern is talking about a two-year curriculum review effort that has been looking at ways to make the curriculum more responsive to the needs of society and a changing health care environment.

"The need for more primary care physicians, health care reform, the surge of computer technology and the need to address population health needs—not just individual needs—are among developments that have demanded changes in medical education," Mattern says.

While curriculum review is an ongoing process, the associate dean says, this project has been particularly significant because of the scope of input, planning and implementation that has gone into adapting the total medical education experience to the major changes in health care.

The June 17 Curriculum Review Retreat was the climax of a curriculum study by fifteen committees. The process began in September 1992 when the steering committee, headed by Mattern and Stuart Bondurant, M.D., developed the blueprint for the review process and selected committee chairs to address specific curriculum topics. The committees formed and met during the past two years to develop their reports and recommendations, which were presented at the Curriculum Review Retreat.

"The goals of the retreat were to determine the extent of consensus on key issues and chart a course for the coming year as we begin to move from planning toward implementation," Mattern explains.

The committees presented their recommendations to the 140 faculty, residents, students and AHEC representatives, and a consensus was reached to proceed with planning related to eight key areas. These areas are:

1. Community-based education
2. Curriculum management
3. Faculty development
4. Migration toward an electronic syllabus
5. Infrastructure
6. Cross committee coordination
7. Core curricula in nutrition, substance abuse, women's health, domestic violence, health promotion and disease prevention
8. Additional structured time in the fourth year

"There was strong support for developing a plan for community-based experience for students in years one and two of the curriculum," Mattern says. "This would provide an early exposure of students to generalist physicians working in communities and to the communities themselves. Through this working experience, we hope to encourage students to pursue primary care careers as generalist physicians." Program planning for this is being done now.

In addition, the group supported expanding the Family Medicine clerkship in the third year from four to six weeks. Other clinical rotations are six to 12 weeks.

"The group also recognized the importance of expanding the focus of medical education from its center on the health of the individual to a broader scope including the health of populations," Mattern says. "This means that the curriculum must address causes, prevention and treatment of the major health care problems affecting society. Some topics that are not well represented in our curriculum include nutrition, women's health, health promotion, disease prevention, alcohol and substance abuse, and cultural and economic diversity."

Computer technology was another major area of concern. "It's clear the computer and information technology have a growing role in the educational process," Mattern explains.

Mattern emphasizes that the School of Medicine has been a leader in curriculum innovation. "If we are successful in making these changes, then we should continue to be in a leadership position." □

Photo by Dan Crawford

William Mattern, M.D. (second from left), chair of the Curriculum Review Retreat, discusses committee poster presentations with third-year medical student Nicole D'Andrea; Michael Simmons, M.D.; and Stuart Bondurant, M.D.

Examining Clinical Skills

Medical schools have always required students to demonstrate rigorous standards of competence in their classroom courses through oral and written exams, but instructors have had more difficulty measuring students' ability to transfer their classroom knowledge to the clinical setting.

"We needed a way to examine and assess students' clinical skills more authentically than the tests we've used in the past," says Allen Smith, Ph.D., assistant professor of family medicine and associate director of the Office of Educational Development. "We've used pencil and paper tests and ratings by residents and faculty. But we, as a school, grew suspect of that system and thought we needed a more authentic way to measure skills."

Out of this shared concern, the four medical schools in North Carolina—UNC-CH, Duke, Bowman Gray and East Carolina—developed the Clinical Practice Examination to assess the clinical skills of medical students throughout the state.

"We wanted to put students face-to-face with a series of trained standardized patients who are representative of a broad range of clinical presentations," explains Smith, who is the director of the UNC-CH clinical skills project. Standardized patients are healthy people who have been trained to serve as patients with predetermined symptoms and medical problems.

"The test is meant to look at four kinds of clinical skills, three of which are very straightforward: taking a good medical history, doing an appropriate physical, displaying solid clinical reasoning and diagnosis. The fourth looks at relationship skills and interpersonal communication," Smith says. "Some say this is the heart of this test because the other skills can be measured in other ways."

The state's four medical schools received a joint $500,000 grant from the Josiah Macy Jr. Foundation of New York City to run the test for three years. The test is given to medical students at the end of their third year, a time when most have just completed their year of clinical training.

Photo by Dan Crawford

Medical student Helen V. Bell examines simulated patient Jane Gross.

In 1993, the test was undertaken at all of the schools as a pilot study. This pilot test, according to Smith, helped the faculty learn to develop cases that require the skills they want to assess, and it also helped them learn to train the patients so the overall test is valid.

Sharon Mitchener, M.D., who graduated from the School of Medicine in May, was among the first students to participate in the pilot study.

"It was helpful on the first night going through the clinical stations," Mitchener says. "It was a review of what I learned and did in pediatrics, surgery, medicine. It was good because it helped me see how much I did learn from those rotations, and it helped me see what I need to work on."

"The types of cases we gave the students represented all the different clerkship departments, from the emergency room to primary care," Smith says. "The faculty at all four schools helped write the cases to evaluate general medical clinical skills. We want to be sure that the students are ready to go on to internship and residency training, so they should be able to handle a wide variety of cases and kinds of people."

"When we have data from 1994 in hand, we'll need to provide support to students who don't do well," Smith says.

"Because we'll have data about the curriculum as well as about individual students, we'll be able to talk with the faculty about things we're teaching well and things we're not teaching well.

"On one hand, we're measuring fairly traditional medical skills—examining the abdomen, listening to the heart," says Smith. "The other things that are important but difficult to measure are the relationship skills,—empathy, clarity, respect.

"Some laugh at that and say that's touchy-feely stuff. Others say it's about time we taught students this. It's an important addition to our standards and expectations."

Television Doctors

Photo by Paul Dagys

Allen Mask (left), M.D. '78, presents a health report on WRAL-TV in Raleigh with news anchors Pam Saulsby and Jim Payne.

Allen Mask, M.D. '78, of Raleigh took a long-awaited vacation in the Virgin Islands this past spring. While there, he and his wife decided to attend an Easter church service.

"During the service, a woman kept staring at me," Mask recalls. "After the service, she came up to me and said, 'Dr. Mask?' I was shocked someone would recognize me that far away from North Carolina."

Mask's recognition resulted from his weekly appearance on WRAL-TV, a Raleigh television station seen throughout much of central and eastern North Carolina. The program also is sent via satellite to far-away places such as the Virgin Islands.

Mask and at least two other medical school alumni are part of a growing trend of putting physicians on television to discuss health care. The American Medical Association even has a workshop for physician broadcasters.

Sharon Stevenson, M.D. '84, of Raleigh, and Natalie L. Sanders, M.D. '79, of Culver City, CA, also appear on television news shows.

"We like having a physician on-air," says Malinda Adams, senior producer for WRAL-TV. "It adds credibility to the segment. It also makes the health-care providers we interview feel more comfortable."

Mask, an internist and anesthesiologist, and Stevenson, an obstetrician/gynecologist, are two of a five-member health team WRAL put together earlier this year. The station airs a health-related broadcast five times a week.

Stevenson's on-air involvement came about by chance. "I met Malinda at a party, and she told me the station was interested in a woman ob/gyn to cover women's health issues. I started in early May.

"I enjoy doing it. It can get hectic, but it's a great way to get information out," Stevenson says.

Sanders, a hematologist with an interest in hemophilia and HIV, appeared earlier this year on CNN. "Dan Rutz, CNN's main medical reporter, was looking for someone to discuss HIV research conducted in a non-university setting," Sanders says. "Since I serve as part-time medical director for an AIDS research organization, he approached me about appearing on CNN. I was glad to do it."

Sanders jokes that she's "waiting to be discovered by Hollywood." In fact, she already has been—in a way. She served as an adviser for, "And the Band Played On," a cable television movie about AIDS based on the book by the same name.

Of the three, Mask is the only one who started out with an interest in broadcasting. He came to UNC-CH in 1970 as a Jefferson-Pilot scholar planning to major in Radio/Television/Motion Pictures. In his junior year, he switched to pre-med courses, but got his degree in English.

In 1972, he worked at WBT, a major television station in Charlotte.

"The station manager there went on to become the station manager at WRAL-TV," Mask says. In 1982, when the station increased its 30-minute newscast to an hour, Mask was approached to do a regular health segment. He didn't have the time to devote to it at that point in his medical career.

"They came back to me when the station's medical beat reporter left," Mask said. "I did a couple of audition pieces for them, then went on the air for the first time in July 1993."

Mask shares Stevenson's enjoyment of disseminating accurate information to television viewers.

"There is the opportunity to do so much good, to really talk about the human side of health care," Mask said. "It's also a way to get information to more rural areas

that don't have ready access to medical information. I really see the program as a public service.

"We do programs on basic issues such as ear infections, glaucoma and hypertension," Mask says. "But we also do human-interest stories such as the Russian boy with osteosarcoma at UNC." [Please see story below.]

The physicians-turned-journalists do chafe a bit at television's time constraints. "I want people to learn something, so I try to make three to four points in a two-minute piece," Mask says. "We could always go at least 15 minutes, but you have to hold people's attention."

"It's sometimes hard to fit it (the information) in two minutes, but you usually get the basics out," says Stevenson.

And with each appearance on television, or re-airing of segments such as the one Sanders did on HIV, comes recognition.

"The CNN piece originally aired in March, but they've re-aired it a couple of times," Sanders says. "The last time they did, my 80-year-old neighbor came up to me and said, 'I saw you on TV last night.' "

Television sometimes lets alumni keep up with each other. Sanders and Mask overlapped during their years at the School of Medicine, and Sanders' mother still lives in Durham, where she watches WRAL-TV.

"When I call my mom, she always says, 'I just saw Allen on TV again,' " Sanders says with a laugh. □

Photo by Paul Dages

Mask edits a report featuring UNC-CH physician Harold Pillsbury III.

Snoring Treatment Cuts Costs

Does your bedroom sound as if someone is using a chainsaw? A motorcycle?

There is good news for people with bed partners who snore, says an investigator at the School of Medicine. In addition to providing people with a good night's sleep, his news will save them money.

Many physicians use lasers to cut away part of the soft palate that obstructs a person's airway and results in snoring. However, surgery without lasers is just as effective, said Harold C. Pillsbury III, professor of surgery.

Pillsbury cited a 100 percent success rate by using cauterization, involving electricity, to end snoring. Both laser and cauterization surgery are performed on outpatients and have about a week's recovery period at home. The cauterization surgery, however, is much less expensive than laser surgery. "Laser surgery costs about $2,500 for the surgery and an extra $1,000 for the laser," he said. "Cauterization costs about $550 total."

Physicians Treat Russian Boy

Several Triangle media attended a news conference June 23 to talk with 14-year-old Ilia Bondarenko, his father and the UNC-CH physicians who are treating the boy for a rare bone cancer in his leg.

Ilia was diagnosed in March in Saratov, Russia, with osteosarcoma and was given a 20 percent chance of survival. In the United States, about 65 percent of those diagnosed with this cancer survive.

"The hospital in Russia was treating Ilia with the barest essentials," said Gary Bos, M.D., the boy's surgeon. "Osteosarcoma can be deadly if not treated properly."

Without the help of UNC physicians, the leg probably would have been amputated, Bos said at the news conference.

Ilia, under the care of pediatrician Stuart Gold, M.D., and orthopedic surgeon Gary Bos, M.D., is undergoing chemotherapy and will have surgery. His treatment will last about eight months, with medical services being donated by physicians and the Hospitals, and drugs donated by pharmaceutical companies.

UNC became involved with this case when Ilia's father contacted a friend in Beaufort whose sister worked at UNC Hospitals. Soon after, Hospitals officials began discussions with the hospital in Saratov, Chapel Hill's sister city.

Bondarenko came to North Carolina two years ago when a severe storm tossed his 26-foot wooden boat onto the coast near Beaufort. He was traveling to the United States from Russia. When he learned of his son's cancer, Bondarenko sought medical care in this country.

Photo by Peter Schumacher, Durham Herald Sun

Ilia Bondarenko and Stuart Gold, M.D., talk with media at a news conference.

Diagnosing Domestic Violence

By Leslie M. Purcell

The FBI estimates that 2 million to 4 million American women are battered each year by their current or former male partners and that 28 percent of all female murder victims die as a result of domestic violence. In North Carolina alone, 67 women were murdered in 1992 by their boyfriends or husbands.

Twenty-five percent of the victims of domestic violence who die nationwide are killed with no weapon other than the perpetrator's hands and feet. They are literally beaten to death.

But domestic violence encompasses more than just physical violence. "It is a pattern of coercion and control that includes physical, sexual and emotional abuse that occurs between intimate partners," says Kathy Hodges, director of the North Carolina Coalition Against Domestic Violence in Durham.

The statistics are staggering. They are strong evidence that the system is failing the victims of abuse. Unfortunately, physicians are part of the system that routinely fails to recognize symptoms of abuse and make appropriate referrals. But physicians can be part of the solution by screening patients for signs of abuse.

"All women should be asked screening questions," says Nancy C. Chescheir, M.D., associate professor of obstetrics and gynecology at the School of Medicine. "What happens when you have a fight with your husband or boyfriend? How do you settle arguments? Have you ever been hit, kicked or slapped?

"If you make screening questions a part of your routine examination, you're going to find women who are being abused," Chescheir says.

"Domestic violence is like alcohol, substance, sexual or child abuse in that it is very easy to overlook if it makes you uncomfortable to talk about and treat it," says Patricia T. Glowa, M.D., clinical assistant professor of family medicine. "It's easy to say, 'It doesn't happen in my practice.' But the fact is that it happens in everybody's practice. Doctors have to get comfortable enough to look for it, because if you don't look for it, you don't see it."

Glowa has been working with family medicine residents at UNC Hospitals to increase their comfort in dealing with this difficult issue. "As a result of our focus on domestic violence training in family medicine, our residents have been paying attention to the signs of abuse and have been getting good experience dealing with it," Glowa said. Since the spring of this year, residents routinely have been asking female patients about the stressors in their lives and about their home situations.

"One resident asked two different women, who he thought might be in abusive relationships, about their home situations," Glowa recalls. "Neither of them acknowledged there was any abuse, but both did a double take and said, 'Nobody's ever asked me that before. I'm glad you asked.'

"It may be the first time the women ever considered it a problem or considered talking about it outside the family. For many, it becomes a breakthrough moment for them to start changing their lives."

"We are living in a society where every 15 seconds a woman is battered in her home," Chescheir says. "And these women are blamed for being the victim. Police officers often don't take their complaints seriously or enforce restraining orders. Attorney fees are so high that most battered women can't afford a lawyer. There are not enough shelters to house women and their children when they seek help. And physicians fail to diagnose and address the problem."

The issues surrounding domestic violence are complex. Many abused women are isolated and financially unable to leave their abusive husbands. Most suffer from low self-esteem as a result of years of degradation by their male partners. Some are embarrassed by their situation or feel that they must stay in the relationship because of religious beliefs. Others are afraid to leave because they know the violence is likely to escalate if they try to get away from the perpetrator.

"We need to raise health care providers' awareness of this serious problem and to teach them to screen for signs of abuse," Chescheir emphasizes. "Victims don't come in to a doctor's office waving a flag or admitting they're battered, unless they come in injured."

Besides the screening questions, physicians need to be alert to signs of abuse — chronic headache; eardrum injury; head injury; bruising of the breasts, genitals or abdomen. Another indication of domestic violence is if the patient delays coming in for treatment for serious injuries or if her account of how she was hurt doesn't jibe with the injuries.

"A lot of times the health care professionals' advice to the patient is to leave the relationship," Chescheir says. "And when the patient doesn't leave, the health workers think they've failed. But the patient really has several options: She can take the advice and leave; she can take the advice and leave later; or she can go back to the situation but know in the back of her mind that she doesn't have to live like that. It empowers her to think that maybe she's not the only

one, maybe it's not normal. And it lets her know that it's OK to talk about it."

But simply identifying the problem is not enough.

"There needs to be a plan of what to do next," Chescheir says. "Physicians need to document in the patient's chart where the injuries are and put in quotes what the woman said happened, just like in a rape case. A lot of times when victims go to court, it's 'he said, she said.' But if there's any historical documentation or photos, there's more evidence. The same goes for the police who are called at the time of the crisis. If you talk to the woman right after the event, she's more likely to talk about it. Later, when the batterer is remorseful and brings her flowers, she's not as likely to tell on him. But with the evidence in hand, the State can prosecute him instead of having her press charges.

"If we're going to encourage health care providers to screen for this, we have to have information as to who to call for help and what to do next," Chescheir stresses. "It may be as simple as advising the patient to stash a suitcase at a friend's house with a set of keys, $50, and the kids' birth certificates and immunization records. They should have a signal for a friend or neighbor if they need help, and if the need goes beyond that, they need to know where a shelter is. Physicians can make the referral."

Residents in family medicine also carry a pocket card with a list of local resources and their phone numbers.

"One of the big negatives of screening for battering is that it consumes you," Chescheir says. "But I challenge doctors to find something else that affects one in four patients that they don't screen for. With domestic violence, you have a one-in-four chance of finding the disease, and physicians should be screening for it." □

Signs of abuse

- Frequent unscheduled visits to a doctor's office
- Multiple injury sites
- Frequent headaches
- Gastrointestinal problems
- Depression
- Pregnant women with injuries to the abdomen or breasts
- Eating disorders or other signs of stress
- Accounts of injuries inconsistent with the physical examination

Screening questions

(McFarlane's Abuse Assessment Test, 1992)

- Have you ever been emotionally or physically abused by your partner or someone important to you?
- Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone? If so, by whom? How many times?
- Within the last year, has anyone forced you to have sexual activities? If yes, who?
- For prenatal visits: Since you've been pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone?
- Are you afraid of your partner or anyone listed above?

How physicians can help

- Provide phone numbers for shelters and other support services.
- Discuss abuse in a non-judgmental way in private.
- Suggest that the patient set up a safety plan of where she will go, how she will get there and what she will take with her if she leaves.
- Put her in touch with resources to help her refine the plan.
- Document the patient's injuries, counseling and history.
- Inquire about child abuse.

Transplant Team Cures Sickle Cell Patient

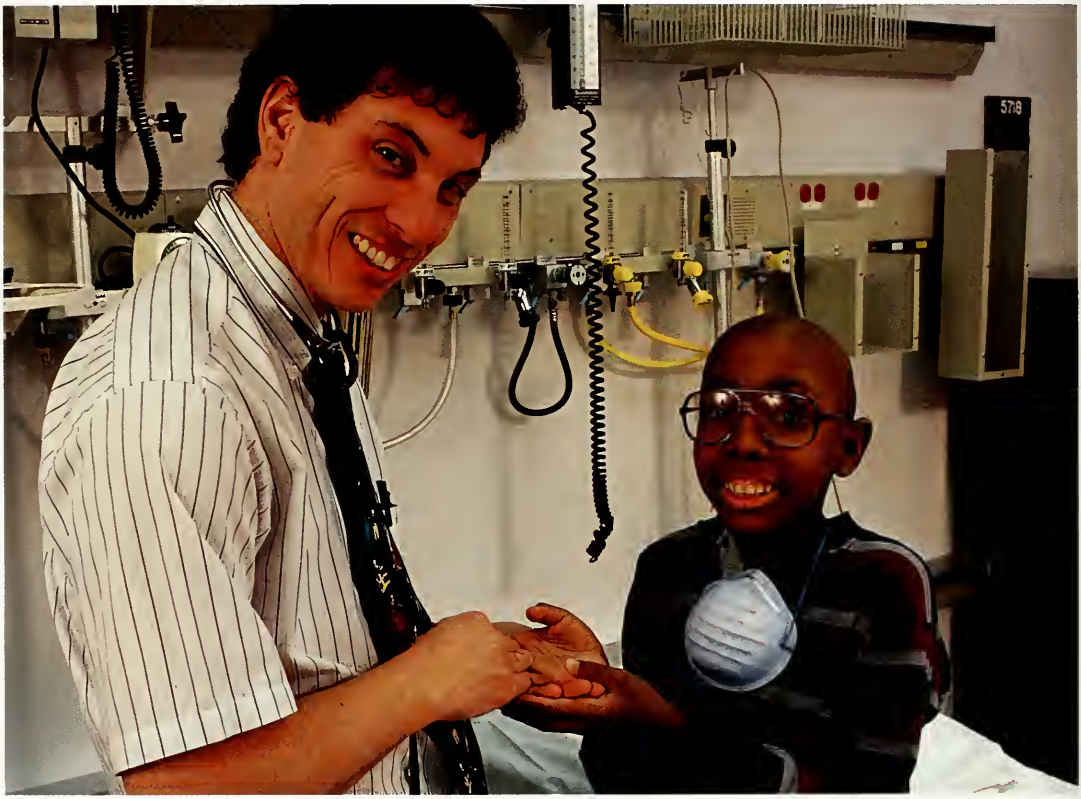


Photo by Don McKenzie

Joseph Wiley, M.D., examines Shannon Saunders, who now is free of sickle cell following a bone marrow transplant.

By Veronica A. Gontram

UNC Hospitals physicians performed the state's first bone marrow transplant for a patient with sickle cell disease March 1. The patient, 13-year-old Shannon Saunders of Chapel Hill, is now free of the painful disease that afflicts millions worldwide and tens of thousands in the United States.

"Except for medications and occasional clinic visits, he's living a normal life," says Joseph Wiley, M.D., director of the pediatric bone marrow transplantation program at UNC Hospitals and associate professor of pediatrics at the School of Medicine. "We're extremely pleased to see him doing so well."

Saunders is pretty pleased himself. "Kids in my neighborhood used to make fun of me before because I had a disease," he says. "Now I don't have the disease, and kids think of me just like anyone else."

Saunders is one of approximately 20 patients in the country to have received a bone marrow transplant as treatment for sickle cell disease.

In the United States, the inherited blood disorder affects 50,000 African-Americans. It is estimated that 5,000 live in North Carolina, where African-Americans make up 22 percent of the population, according

to the North Carolina Sickle Cell Syndrome Program.

Patients with sickle cell disease produce abnormal forms of hemoglobin, the protein in red blood cells that carries oxygen throughout the body. Stress, temperature changes and other factors not well understood cause cells containing the hemoglobin to stiffen and distort into odd, prickly shapes, which can clog small blood vessels. These painful occlusions can lead to stroke, damage to the bones and internal organs, and life-threatening infections.

Saunders was diagnosed with sickle cell disease when he was 6 months old. He started having acute, severe pain attacks, called crises, when he was 4 years old. The crises became more frequent, and Shannon was hospitalized four to six times each year for the crises alone. He suffered a stroke at age 10.

"That's when Shannon started to have more serious problems," says Gary Jones, M.D., assistant professor of pediatrics at UNC-CH. "He started requiring monthly transfusions to prevent further strokes. Then he needed painful therapy to reduce high levels of iron in his body that had resulted from the transfusions."

To make matters worse, Saunder's body started to develop antibodies that were rejecting other people's red blood cells and making it harder to find compatible blood for transfusion. Doctors told Saunder's mother, Sharron, that this problem would only get worse and that her son had a 70 percent greater chance of suffering another stroke if he did not receive monthly transfusions.

Because of his medical history and the progression of the disease, the 13-year-old was not expected to live past the age of 30 unless an alternate treatment was offered.

UNC-CH physicians and Saunder's mother decided to go ahead with the bone marrow transplant.

Saunders was admitted to UNC Hospitals February 18 and underwent high-dose chemotherapy and immune-suppressive treatments to kill the diseased bone marrow in his body. On March 1, healthy bone marrow from Teairra, his 8-year-old sister, was infused into his bloodstream.

In July, more than 130 days after the transplant, Saunders was completely free of sickle cell disease and was producing healthy marrow. "He no longer requires transfusions and has no painful crises," Wiley says. "We also expect him to live longer and to enjoy a better lifestyle."

"It will be a whole new life for all of us," says Sharron Saunders, a single mother who now will be able to work again. "Shannon will be going back to school in the fall, and I'll be going back to work as soon as I find a job."

Saunders enjoyed the summer as a happy 13-year-old. With an increased energy level, Saunders was able to play outside and go swimming, one of his favorite outdoor activities. He also attended the Triad Sickle Cell Summer Enrichment Camp.

"The camp is a lot of fun," says Shannon, who has attended the camp in recent years. "There are a lot of people there who understand my disease.

"Since I'm the only one who has had a bone marrow transplant, I'll be able to tell other kids about it. Hopefully, they'll mention it to their parents. Then maybe others will get to have transplants and be as lucky as I am." □

Medical Student Befriends Sickle Cell Patient

During the four years leading up to Shannon Saunder's bone marrow transplant, he received some help from a special friend, Lunsford King, a third-year student at the School of Medicine.

King, who is from Davidson, became Saunders' big buddy in 1990 through the Childhood Cancer Friends Program. Since 1990, the program has paired patients in UNC Hospitals' pediatric hematology/oncology program with university students and other volunteers for companionship and support.

"Cancer Friends help to get the patients' minds off the stress and discomfort they experience in clinic or when they are admitted to the hospital," says Rose Dunaway, a pediatrics nurse and program coordinator. "It makes such a difference to the patients and their families. They just think it's wonderful."

For four years, King has visited Saunders during his frequent trips to UNC Hospitals. He has been by Saunders' side during transfusions, painful crises and the bone marrow transplant. The two also have enjoyed spending free time together outside of the hospital.

"It's been great having Lunsford as a friend through all of this," Saunders says. "He came to visit me when I was in the hospital and was there for me every time I had surgery. He's my buddy."

"We have a great time hanging out," King says. "We do homework, play Nintendo and UNO and watch movies together. It really doesn't seem to matter to him what we're doing, just as long as I show up."

Saunders' mother, Sharron, says King has been a godsend to her family. "Lunsford has been such a big help. When he was visiting Shannon, I was able to go get some sleep or a bite to eat. As a single parent, I don't know what I would have done without him."

King says the relationship has been a great experience for him as well. "It's been rewarding and educational for me to see a patient like Shannon who has courage and faith that everything will work out despite all of the unknowns.

"It's also great to get home at night and feel like I was able to do something meaningful for someone else in the midst of all my work with medical school. It keeps life in perspective, and that's important to me," King says.

News Briefs

Housestaff Elects Leadership

Elizabeth Gibbons, M.D.

Hospitals housestaff recently elected Elizabeth Gibbons, M.D., and Carmen Strickland, M.D., to be their co-presidents.

Gibbons and Strickland are both chief residents in Family Medicine. Gibbons is a graduate of the School of Medicine and is from Raleigh. Strickland is a graduate of the University of Massachussetts Medical School and is from Fairhaven, Mass.

Carmen Strickland, M.D.

Bondurant, Munson Meet with Clinton

Eric B. Munson, Hospitals executive director, and Stuart Bondurant, M.D., then-dean of the School of Medicine, joined leaders from other academic medical centers June 28 in Washington for a meeting with President Clinton and first lady Hillary Rodham Clinton.

Officials from UNC-CH and representatives of other academic medical centers signed a statement at the White House in support of universal health care coverage.

Speaking of the Clintons, Munson said, "They generally were committed to universal coverage in any reform bill and showed an understanding of the importance of the academic medical centers in the overall scheme of things.

"If we don't have universal coverage, the other objectives of health care reform will not be achieved—elimination subsidizing uninsured patients, incentives for cost-reduction and movement toward managed care," Munson said.

Bondurant said this event was an "important milestone" because the group of academic medical center leaders "expressed commitment to universal access to medical care. At the same time, the Clintons expressed an understanding of the importance of academic medical centers and their need for special support under health care reform based on managed competition."

Bondurant explained that academic medical centers need financial support because they are not able to compete with other hospitals with the added cost of teaching, research and providing indigent care. "If we are not paid for these services, we cannot continue to render them in this competitive environment," Bondurant said.

UNC, Chatham Hospital Sign Agreement

Chatham Hospital has signed a three-year agreement with UNC Hospitals and UNC-CH to receive emergency and primary care services in Siler City.

"We are very excited about this agreement," said Ted Chapin, Chatham Hospital administrator during the May 1 announcement. "It will allow Chatham Hospital to expand the capabilities of our Emergency Room and to offer more comprehensive primary care to the citizens of Chatham County."

The agreement provides for the establishment of a comprehensive, full-time, physician-staffed Emergency Service at Chatham Hospital, as well as new clinics designed to meet community health needs. The service will begin once UNC-CH and Chatham Hospital have recruited several new emergency services physicians. The recruitment process is under way.

Chatham Hospital has agreed to renovate and upgrade the Emergency Service and to provide necessary equipment to meet the needs of the new physicians. The renovation is scheduled to be completed this fall. The Siler City Town Board of Commissioners and the Chatham County Board of Commissioners each recently allocated $150,000 toward the project.

"This agreement solidifies and significantly strengthens our institutional and professional relationship with Chatham Hospital," said Eric Munson, executive director of UNC Hospitals. "It also lays the

Photo by Jeff Davis courtesy of The Chatham News.

Chatham Hospital administrator Ted Chapin speaks to Chatham County commissioners at an outdoor presentation about the agreement with UNC.

foundation for increased cooperation in areas such as obstetrics and gynecology."

Under the agreement, the hospitals and the university express their "desire to expand and enhance the system of health care delivery and health professional education in Siler City, Chatham County and the surrounding region through cooperative efforts."

Photo by Dan Crawford

Frances Conley, M.D. (Pictured in the background is Arnold Breckenridge.)

Power, Gender and Medicine

Frances K. Conley, M.D., professor of surgery, Stanford University, spoke to a packed auditorium in Berryhill Hall in April as she delivered the Twelfth Spicer-Breckenridge Memorial Lecture, "Power, Gender and the Art of Medicine."

Among those attending the lecture were relatives and friends of Emmett Spicer and Arnold Breckenridge, members of the Class of 1939 who lost their lives in World War II.

During her lecture, Conley said, "As our country incorporates diversity as strength in its people, the image of physician and surgeon as an all-powerful, white father figure will fail. Both genders and all races need representation among those who hold the M.D. degree and practice as doctors. Life experiences of women and minorities are different from those of the dominant white male, and increasingly our patients expect a diversity of ideas, viewpoints and network connections to be a standard part of their medical care. If women and minorities are excluded from participating in the total spectrum of medical practice, much richness that comes from diversity will be lost."

Schizophrenia Study May Improve Treatment

Research under way at the School of Medicine aims to develop a better treatment for schizophrenia.

Current treatments for schizophrenia, which affects about 1.5 million people in the United States, cause serious neurological side effects. Treatments cause these side effects by blocking a site in the brain called the D2 dopamine receptor. The UNC-CH research, however, concentrates on developing new drugs that interact with a different member of this receptor family, the D3 receptor.

"We hope that by the turn of the century, our research approach will yield better therapy for most patients with schizophrenia without the serious side effects," said Richard B. Mailman, Ph.D., professor of psychiatry and pharmacology.

"The D3 receptors are thought to be located primarily in areas of the brain involved in emotion and thought processing," Mailman said. "We think these areas are a good target for a new anti-schizophrenia drug. The D3 receptors are in the right places to do the right things."

Collins Speaks on Genome Project

Francis Sellers Collins, M.D. '77, told UNC-CH's graduating class of 1994 he expects that genetic researchers will have mapped the entire human genome by 2005.

Collins became the director of the National Center for Genome Research after making major contributions to human genetics. By applying a novel strategy called "positional cloning," research teams headed by Collins have played a key role in identifying genes responsible for cystic fibrosis, neurofibromatosis, Huntington's disease and a type of adult leukemia.

Speaking of the genome project, Collins said, "This will dwarf splitting the atom or going to the moon. We're going on an adventure within ourselves."

Collins' daughter, Margaret, attends the School of Medicine.

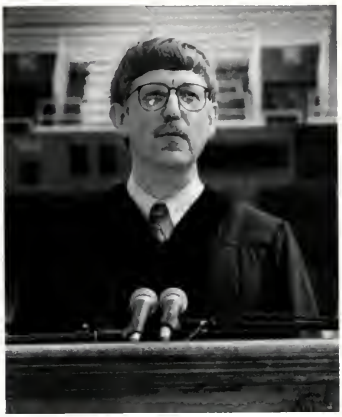


Photo by Dan Sears

Francis Sellers Collins, M.D.

Stopping Epilepsy Treatment Earlier Is Safe

Physicians can stop drug treatments for epilepsy patients much sooner than previously had been believed, according to a study by investigators at the School of Medicine. The study was published in the May 19 issue of The New England Journal of Medicine.

The results of the study showed that the treatments could be stopped in only six weeks, as compared to the standard three- to six-month treatment period.

"Our study indicates that antiepileptic medications can be discontinued more rapidly than is currently recommended without causing patients any harm," said Michael B. Tennison, M.D., assistant professor of neurology.

Epilepsy is a commonly occurring symptom of brain dysfunction that affects more than two million Americans.

The seizures patients have often are controlled with one or more drugs. But, because some negative side effects may occur with long-term antiepileptic treatment, physicians have routinely stopped the drugs in se-

lected patients who have been seizure-free for at least two years. Several previous studies conducted by other investigators have shown that patients generally do not have seizures once their medications have been halted after this time period.

Dean Farewell

Alumni, faculty, students and staff paid tribute to Stuart Bondurant, M.D., during his final months as dean. Numerous events were held to acknowledge Bondurant's many contributions to the School of Medicine during his 15 years as dean. Bondurant retired from the deanship July 31.

Hundreds attended a lecture in Bondurant's honor given May 26 by Samuel O. Thier, M.D., president of Brandeis University. Gene Mayer, M.D., presided over the event, the occasion for which he termed Bondurant's "pseudoretirement." (Upon officially stepping down as dean, Bondurant has taken an extended leave of absence from the School of Medicine to direct the new Center for Urban Epidemiologic Studies in New York.)

Many of the same people turned out for a reception honoring Lucia Hudson, longtime administrative assistant in the School of Medicine, who also stepped down July 31.

The event "exemplified the collegiality Lucia has inspired within the medical school, the university, UNC Hospitals and the Chapel Hill community," said Christopher C. Fordham III, M.D., former dean of the medical school and former chancellor.

Photo by Dan Crawford

Dean Bondurant and Fred Sparling, M.D., chair of the Department of Medicine, hold a resolution presented to the dean on behalf of the department.

Photo by Dan Crawford

Dean Bondurant and Lucia Hudson share a hug during a reception honoring Hudson prior to her retirement. Hudson worked in the Dean's Office for 30 years.

Tom Sawyer with an 'A' in Organic Chemistry

By Katharine C. Neal

In May, the News & Observer of Raleigh broke the story that Michael A. Simmons, M.D., professor and chair of pediatrics at the University of Utah, would become the new dean of the School of Medicine. In the article Simmons, a nationally known neonatologist, was described by one colleague as, "huggable." Huggable?

Two months later, in an interview during his first official week as dean, the quote still draws a laugh from Simmons. " 'Huggable' got a lot of play in Utah because not everybody regards me as huggable," he says. "But what it means to me is that I'm down to earth; I've got a perspective that's more broad than narrow.

"And, at least as a clinician, it means I get involved with my patients and their families, that I'm in touch. I suffer, laugh, those kinds of things."

Photo by Will Owens

Dean Michael A. Simmons

Perhaps another description, this time from a Harvard Medical School administrator, is closer to the mark: "Tom Sawyer with an 'A' in organic chemistry."

"That's probably pretty true," says Simmons. "I'm a Midwesterner, and a bit of a kid. I suspect that's a good summary of who I am."

Thirty-five years outside the Midwest have softened any "twang" Simmons might once have had. But his early years there left him with an abiding belief in Populism, the politics of the common people, as well as a tendency to be, well, stubborn.

"I think there's more 'tenacious' in the word stubborn than 'recalcitrant,' " Simmons says. "People who really know me well would say I am patient and eclectic, and that I have strong opinions that can be modified.

"Even people who don't like me very much would say in a fond way that I'm argumentative when it comes to getting the answer, getting the truth."

Simmons grew up in Fort Wayne, Indiana, the eldest of three children. His father was in the wholesale drug business; his mother, a homemaker.

He met his wife-to-be, Margaret Clare (Margo) Martindale, in the seventh grade. They dated through college, then married. He was one of only two married medical students at Harvard. Margo worked as an elementary school teacher while he was in medical school.

There are no other physicians in Simmons' family. He speculates his interest in medicine may have come from the fact that he suffered from asthma and allergies as a child. He also read a lot during his early years, focusing on well-known physician novels such as "Arrowsmith" and "Not As a Stranger."

Of his career in medicine he says, "I never wanted to do anything else. From the time I was 3 years old, I talked about being a doctor.

"I've always been fascinated by the intellectual aspects of medicine," he says, "especially the foundations of human biology. It [practicing medicine] is the most extraordinary thing to do."

Simmons went from medical school to an internship in pediatrics at Johns Hopkins. From there, he went to the University of Colorado Medical Center. In 1977, he returned to Johns Hopkins to serve as co-director of Newborn Services and associate professor of Pediatrics and Obstetrics.

In 1983, he accepted a position as professor and chair of Pediatrics at the University of Utah School of Medicine and medical director for the Primary Children's Medical Center.

There, he developed a reputation as an energetic, hard-working clinician and administrator, known for getting in as early as 4:30 a.m. But not every morning, he hastens to explain.

"When I was attending in the neonatal ICU, I liked to visit the babies between 4:30 and 6 a.m. Then I could get in the office and work from 6 to 8. It was the only time I had

to myself to get things done."

In 1991, Simmons took his energy and his intellectual curiosity to Washington, D.C., for a year-long sabbatical.

"I was interested in learning more about health policy," he says. "I looked at getting a master's in public health, but I know that I learn best experientially." He decided going to Washington was the best way to do that. He wrote several "cold" letters to members of Congress, seeking a staff position.

"I had planned to work for Lloyd Bentsen's Senate Finance Committee, but that fell through at the last minute," he recalls. Several days later, he got a phone call from an aide to Sen. Orrin Hatch (R-Utah). The conversation, he remembers, went something like this:

> **Aide:** Dr. Simmons, it's a little unusual to have someone from academia want to work as a committee staff member. I need to ask you a few questions. First, are you a Democrat or a Republican?
>
> **Simmons:** I'm a Populist.
>
> **Aide (puzzled):** That's not on my list. Let me try this another way. Are you a liberal or a conservative?
>
> **Simmons:** I'm still a Populist.
>
> **Aide (laughing):** OK, who did you vote for president in the last election?
>
> **Simmons:** Jesse Jackson.
>
> **Aide (laughing harder):** And what do you think about President Bush?
>
> **Simmons:** He has done a much better job than I ever thought possible.
>
> **Aide:** Oh yes, we're all very proud of him.

To this day, Simmons says, Hatch can't believe he got the job. "A Populist? That's much worse than a liberal or a Democrat!" the senator told him. Despite their political differences, Simmons found Hatch to be "an amazing man" whose daily calendar began at 6 a.m. and went to 7 p.m. or later each night. He still regards Hatch as a friend.

As a staffer, Simmons answered phones, wrote letters, position papers and speeches, and attended committee meetings. While he didn't try to change Hatch's politics, the senator, he says, "spent 11 months trying to convert mine." Apparently, Hatch was unsuccessful. Simmons tells the story of his family's visit to the Senate dining hall. When it came time to eat, Simmons says, Hatch asked Margo to sit next to him because, "I've given up on your husband."

Simmons came away from the experience, he says, with great respect for Hatch and the process on the Senate side, and with a little less respect for "the body politic."

He recalls sitting in a meeting with the senator and another aide, discussing health care legislation that Hatch and Sen. Edward Kennedy (D-Massachusetts) were working on. A banker from Utah barged in, insisting on seeing Hatch. Hatch, ever-gracious, told the man they were working hard on an important bill, trying "to keep Kennedy from ruining this country." Rather than take the hint to leave, the banker continued, "You tell Ted Kennedy those of us in the real world have got this health care thing licked. We've just opened a community health center that doesn't take a dime of federal funding, except for Medicare and Medicaid."

A first-hand understanding of national politics should be helpful as Simmons takes over the reins of North Carolina's flagship medical school during an extraordinary time of change in health care.

"Academic medical centers are a great success story," he says, "but they are not an inexpensive success story."

When asked about impact of health care reform on academic medical centers, he says flatly: "Health care reform has already happened. Markets are driving the system."

And, while he believes in the market, he is concerned about its effect on disadvantaged patients—the very young, the very old, the poor, the very sick, those without health insurance—in short, the patients academic medical centers historically have treated.

The result is that academic medical centers are vulnerable, and as an important resource, need to be protected. Simmons credits Stuart Bondurant, M.D., in his role as chair of the Association of American Medical Colleges, for pushing very effectively for protections in health care reform legislation that "recognize our unique role in caring for disadvantaged patients, conducting research that will reduce the cost of health care, and training our successors."

While acknowledging the problems of health care reform, Simmons also sees it as "a great opportunity. The trick is to preserve the things that are different about academic medical centers, but still compete."

Providing more primary care will be part of that competition, as well as part of the School of Medicine's education mandate. Simmons speaks as both a primary care physician (pediatrician) and a specialist (neonatologist).

"Being a primary care provider is the hardest job in the world," he says. And training primary care providers is "the most difficult. How do you know everything? How do you know what you don't know?" He remains concerned that medical schools do not really know enough about how to train primary care providers: "If anything, we need academic medical centers to train expert primary care physicians."

When Simmons is not working, he likes to garden, ski and read. He also spends time with his family. Two children—Kristen and Jeffrey—are grown; his other two, Jennifer and Jason, both teenagers, are still at home. What he would really like to do again, someday, is coach a Little League team.

In "The Adventures of Tom Sawyer," Mark Twain wrote, "Work consists of whatever a body is obliged to do...Play consists of whatever a body is not obliged to do." For Simmons, work is both obligation and pleasure. And the pragmatic Midwesterner with a passion for medicine will find plenty of both as dean of the School of Medicine. □

Michael A. Simmons, M.D.

Selected University and Hospital Appointments

Professor and Chair, Department of Pediatrics, University of Utah School of Medicine, 1983-1994

Medical Director, Primary Children's Medical Center, 1983-1994

Vice Chair (Clinical Affairs), Department of Pediatrics, The Johns Hopkins Hospital, 1981-1993

Associate Professor of Pediatrics and Obstetrics, Johns Hopkins University School of Medicine, 1977-1983

Selected Societies and Appointments

National Association of Children's Hospitals and Related Institutions, Board of Trustees, 1992-1995

Physician Adviser, Sen. Orrin G. Hatch, U.S. Senate, Labor and Human Resources Committee (sabbatical), 1991

Planning Committee, National Institute of Child Health and Human Development, 1992-

American Pediatric Society, 1983-

Perinatal Research Society (past president), 1975-

Board Certification

American Board of Pediatrics
Sub-Board of Neonatal-Perinatal Medicine

Education

A.B. Cum Laude, Harvard College
M.D. Harvard Medical School

Faculty Notes

Robert Cefalo, M.D., Ph.D., has been elected president of the American Board of Obstetrics and Gynecology. Cefalo is professor and acting chair of obstetrics and gynecology, director of maternal-fetal medicine, and assistant dean, head of the office of graduate medical education.

Cefalo

Cefalo also is a member of the Residency Review Committee of Obstetrics and Gynecology of the American Medical Association, and he is editor-in-chief for obstetrics for the Obstetrical and Gynecological Survey and member of numerous editorial boards of other scientific journals.

Beverly Mitchell, M.D., has been named chief of the division of hematology and oncology in the Department of Medicine. She also has been appointed associate director of clinical science of the UNC Lineberger Comprehensive Center. As associate director, Mitchell will promote collaborative research between laboratory and clinical scientists.

Mitchell

Thomas Shea, M.D., has been named director of the protocol office and associate chief for clinical research in the Department of Medicine's division of hematology and oncology. Shea is associate professor of medicine and director of the bone marrow transplantation program of UNC Hospitals.

Joel Tepper, M.D., has been named associate director of clinical research and also chair of the protocol review committee at the UNC Lineberger Comprehensive Cancer Center. As associate director, he will promote and develop clinical research for the cancer center. Tepper is professor and chair of the Department of Radiation Oncology.

George Sheldon, M.D., chair of the Department of Surgery, has been elected president of the American Surgical Association.

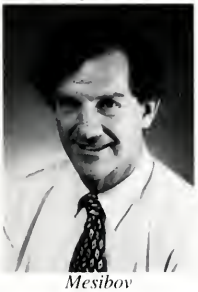
In a recent congratulatory letter, President Bill Clinton said, "As you begin to address the tasks of your new position, I am confident that you will prove worthy of the important trust that your colleagues have placed in you. Hillary joins me in extending our best wishes for every future success."

Ronald Strauss, D.M.D., Ph.D., dental director of the UNC Craniofacial Center, was elected president-elect of the American Cleft Palate-Craniofacial Association at their annual meeting May 20.

Strauss

Strauss is a professor of dental ecology in the School of Dentistry and professor of social medicine in the School of Medicine. His research has focused on the psychological and social impacts of cleft lip/palate and other craniofacial deformities.

Gary Mesibov, Ph.D., professor and director of Division TEACCH, has received the Mary G. Clarke Award, the highest honor given annually by the N.C. Psychological Association.



Mesibov

The annual award honors a psychologist for outstanding long-term contributions to his or her field. Mesibov directs the psychiatry department's Treatment and Education of Autistic and Related Communication Handicapped Children Program.

Kinuko I. Suzuki, M.D., professor of neurobiology, has accepted an invitation to serve as a member of the Neurology C Study Section, Division of Research Grants, National Institutes of Health. Members are selected on the basis of their demonstrated competence and achievement in their scientific discipline as evidenced by the quality of research accomplishments, publications in scientific journals, and other significant scientific activities, achievements and honors. (Suzuki's husband, Kunihiko Suzuki, Ph.D., was incorrectly identified with this honor in the last issue of the *Bulletin*. We regret the error.)

Suzuki

Oliver Smithies, M.A., D.Phil. (Oxon.), Excellence Professor of Pathology, is one of five winners of the 1994 General Motors Cancer Research Foundation Prizes, which are among the largest in medicine.

Smithies, a pioneer in gene targeting and a member of the UNC Lineberger Comprehensive Cancer Center, received $50,000 and a commemorative gold medal at the Library of Congress in Washington, D.C. He and his colleagues also lectured at the National Institutes of Health in Bethesda, MD.

Smithies and another award recipient, Mario Capecchi of the University of Utah, will share the $100,000 Alfred P. Sloan Jr. Prize for basic science contributions to cancer research.

Development Notes

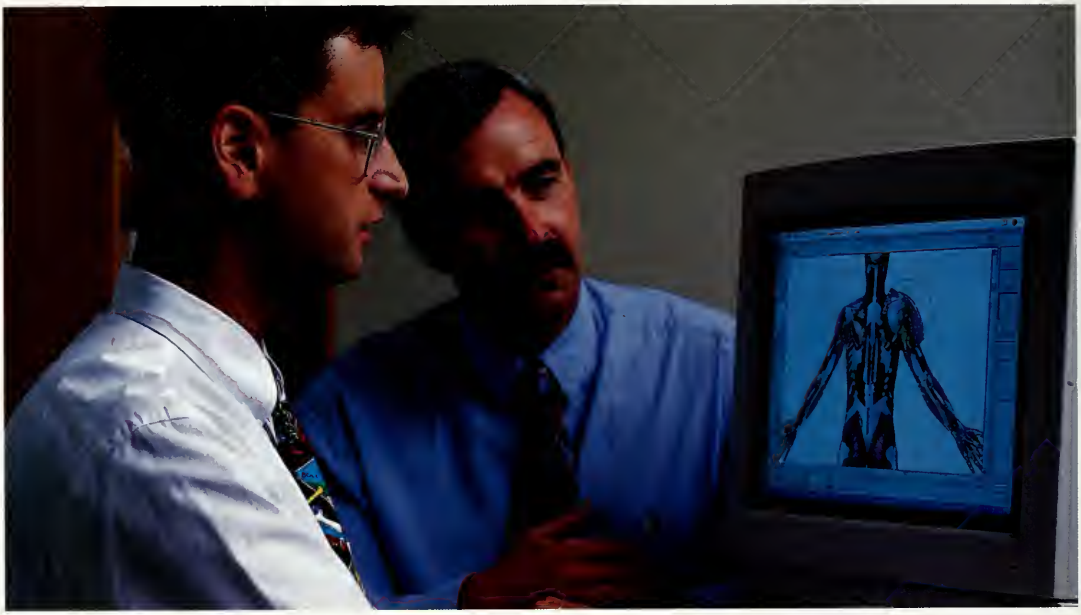


Photo by Dan Crawford

Gerry S. Oxford, Ph.D., professor of physiology (right), demonstrates a computer anatomy program to resident Rick Sherman, M.D., who noticed the new computer laboratory in the Health Sciences Library.

Computer Teaching Laboratory Opens

The Medical Alumni Association Computer Laboratory in the Health Sciences Library, funded with $125,000 from the association, will be used by first- and second-year medical students this fall.

Students will learn how to use software that will display images of muscles and tissues for them to examine and will aid them in making clinical decisions.

"We expect a great deal of interest from faculty in all the health affairs schools," said Carol Jenkins, Health Sciences Library director. "This is an emerging area in teaching, and the computers will create highly individualized instruction.

"As far as I know, this is the only computer lab on campus where faculty can teach their students using multi-media equipment and course-specific software," Jenkins said.

The UNC Medical Alumni Association Teaching Lab comprises 10 linked Macintosh computers, including an instructor's work station. Part of the library has been renovated to link the new lab with an existing lab of IBM-compatible computers.

Loyalty Fund Annual Campaign Tops $494,000

Gifts to the School of Medicine's Loyalty Fund topped $494,000 as of June 30, representing participation from 34 percent of the alumni.

"The alumni are pleased to have achieved their goal of increasing participation from last year's 28 percent to 34 percent this year," said Jane McNeer, director of development with The Medical Foundation of North Carolina.

Of the 1,490 contributors, 257 were "Associates," giving $1,000 or more.

The following are the individual results of the campaigns for the Loyalty Fund reported in April at the Alumni Weekend: Class of 1984, 39 percent, $39,865; Class of 1969, 59 percent, $90,675; Class of 1964, 40 percent, $24,700; Class of 1959, 64 percent, $87,100; Class of 1944, 73 percent, $25,928; Forsyth County, 50 percent,

$44,250; Guilford County, 42 percent, $32,555; Mecklenburg County, 37 percent, $45,923; Wake County, 45 percent, $73,163. These figures represent pledges. The Class of 1994 reported at their graduation celebration in May, 53 percent participation and $18,980 in pledges.

"The alumni donors should be proud of these accomplishments," said John Foust, M.D. '55, national chair of the Loyalty Fund. "These efforts set our medical school apart from others and helps maintain quality education. I especially would like to thank the Steering Committees (see list on pages 20 & 21) for their successful leadership during this year's campaigns."

Donors Establish New Endowments

Samuel G. "Bo" Jenkins Jr., M.D. '55, has pledged $333,000 to establish the permanently endowed Colin G. Thomas Jr., M.D., Distinguished Professorship in General Surgery at the School of Medicine. Jenkins, who recently received a Distinguished Service Award from the medical school, provides this gift also on behalf of his late wife, Jaquelin Nash Jenkins, as an expression of their great love and respect for Thomas and the Department of Surgery. Thomas has served the School of Medicine in general surgery for more than 40 years as a "compassionate physician, able leader and administrator, and a challenging and caring teacher," said Jenkins. The Medical Foundation of North Carolina is seeking matching funding from the state to create a total endowment of $500,000.

Glaxo Inc. is donating $250,000 over three years to develop two graduate Glaxo Fellowships, one in physiological system modeling and the other in imaging science. The two fellowships will be for graduate students working with Carol Lucas, Ph.D, professor and chair, Department of Biomedical Engineering, and Benjamin M. W. Tsui, Ph.D., the department's director of research.

Fund Sponsors Medical Practice Programs

Among the programs being sponsored through the Loyalty Fund are the Transition to Practice and Practice Management seminars, co-sponsored by the Housestaff Office and the Carolina Consultation Center.

Transition to Practice was offered to residents for the first time this spring. Eighty-four residents registered. Topics included choosing a practice, negotiating contracts and personal finance. John Aluise, Ph.D., clinical associate professor in the departments of Anesthesiology and Family Medicine, presented the program.

The Practice Management Seminar will be offered this fall for health care professionals, including physicians, nurses and office staff managers. The two-day program, also presented by Aluise, will cover human relations, communications, and time management and performance management systems. A resource binder will be provided. Registration is $99. For more information, call the Carolina Consultation Center at 1-800-862-6264.

Endowment Fund Sponsors Research

The Medical Alumni Endowment Fund has awarded research grants to three students, five residents and three faculty members totaling $29,000.

Student grant recipients, funded at $2,000 per project, and their faculty sponsors are: Jeffry P. Simko and Barry R. Lentz, Ph.D., professor, Biochemstry; Wesley G. Schooler and Gayle E. Lester, associate professor, Surgery, Orthopedics; Geoffrey Schoenbaum and Michela Gallagher, Ph.D., professor, psychology.

Housestaff recipients, funded at $2,000 per project, and their faculty sponsors are: John H. Krege, M.D., Internal Medicine, and Oliver Smithies, D. Phil., Excellence Professor of Pathology; Patrick P. Lin, M.D., Orthopedic Surgery, and Andrew Jones, M.D., Ph.D., assistant professor, Orthopedic Surgery, and Laurence Dahners, M.D., associate professor, Orthopedic Surgery. Also funded was Lewis J. Bellardo, M.D., Obstetrics and Gynecology, with faculty sponsor Bruce Lessey, M.D., Ph.D., assistant professor, Obstetrics and Gynecology. Also funded were Ted Johnson, M.D., chief resident, Internal Medicine, 1993-94, and Eric Rosenberg, M.D., chief resident, Internal Medicine, 1994-95, with faculty sponsor Lee Berkowitz, M.D., associate professor, program director, Medicine Residency.

The faculty recipients, funded at $5,000 per project, are: C. William Davis, Ph.D., research associate professor, Physiology and Medicine; Robert G. Berger, M.D., associate professor, Department of Medicine; and Lewis H. Romer, M.D., assistant professor, Department of Pediatrics.

Loyalty Fund Campaigns

Steering Committees

Fiscal Year 1993-94

Class of 1944

Robert J. Andrews, M.D., Wilmington, NC
J. Vincent Arey, M.D., Concord, NC
Earl E. Correll, M.D., Kannapolis, NC
Harry D. Cox, M.D., Portsmouth, VA
John W. Davis, M.D., Hickory, NC
J. Stuart Gaul, Jr., M.D., *Chair*, Charlotte, NC
James H. Hawkins, Sr., M.D., Alamance, NC
Francis P. King, Sr., M.D., New Bern, NC
Allen H. Lee, M.D., Selma, NC
Isaac V. Manly, M.D., Raleigh, NC
George D. Penick, M.D., Wilmington, NC
Charles A. S. Phillips, M.D., Pinehurst, NC
William E. Rabil, M.D., Winston-Salem, NC
Charles F. Scarborough, Jr., M.D., Star, NC
Charles W. Tillett, M.D., Charlotte, NC
Edwin J. Wells, M.D., Wilmington, NC

Class of 1959

Robert W. Brawley, M.D., Charlotte, NC
Doris B. Braxton, M.D., Burlington, NC
Robert C. Brown, M.D., Chapel Hill, NC
D. Whitaker Davis, M.D., Wadesboro, NC
Otis N. Fisher, Jr., M.D., Greensboro, NC
Joel S. Goodwin, M.D., *Chair*, Salisbury, NC
Robert L. Green, M.D., Winston-Salem, NC
O. James Hart, Jr., M.D., Winston-Salem, NC
A. Tyson Jennette, M.D., Wilson, NC
Morris A. Jones, Jr., M.D., Durham, NC
Edward L. Mitchell, M.D., Prospect, KY
A. Sherman Morris, Jr., M.D., Asheville, NC
Julian W. Selig, Jr., M.D., Elizabeth City, NC
Martha K. Sharpless, M.D., Greensboro, NC
Shahane R. Taylor, Jr., M.D., Greensboro, NC
C. Carl Warren, Jr., M.D., Charlotte, NC
R. Lee West, M.D., Greenville, NC
Franklin D. White, M.D., Siler City, NC
G. Thomas Wood, III, M.D., Hilton Head, SC

Class of 1964

Rudolf F. Albert, M.D., Roanoke, VA
Bruce H. Berryhill, M.D., *Chair*, Charlotte, NC
Winslow Brabson, M.D., Vashon, WA
Roy L. Curry, Jr., M.D., San Francisco, CA
Clyde M. Gaffney, III, M.D., Carmichael, CA
G. Patrick Henderson, M.D., Southern Pines, NC
E. Carmack Holmes, M.D., Pacific Palisades, CA
D. Charles Hunsinger, M.D., Chapel Hill, NC
Ronald L. Mauldin, M.D., Gainesville, FL
Artus M. Moser, Jr., M.D., Swannanoa, NC
C. Roberts Wheeless, M.D., Baltimore, MD
Robin N. Wooten, Jr., M.D., Lakeland, FL

Class of 1969

J. Hugh Bryan, M.D., Fayetteville, NC
Don C. Chaplin, M.D., Burlington, NC
William D. Clark, M.D., Houston, TX
Hugh J. Grant, Jr., M.D., Raleigh, NC
Edward W. Haselden, Jr., M.D., Columbia, SC
John G. Johnston, M.D., Charlotte, NC
Richard A. Keever, M.D., High Point, NC
Henry J. MacDonald, Jr., M.D., New Bern, NC
David W. Pearsall, Jr., M.D., Greenville, NC
James S. Powers, M.D., *Chair*, Cabin John, MD
Joseph D. Russell, M.D., Wilson, NC
J. Franklin Sanderson, M.D., Hampton, VA
Karen C. Sorrels, M.D., Midlothian, VA
Franklin T. Tew, M.D., Windermere, FL
Nelson B. Watts, M.D., Atlanta, GA

Class of 1984

W. Kent Davis, M.D., Durham, NC
Kevin O. Easley, M.D., Greenville, NC
Eli D. Finkelstein, M.D., Edison, NJ
Charles C. Goodno, M.D., Morehead City, NC
Margaret L. Gulley, M.D., San Antonio, TX
Stephen D. Harris, M.D., Charlotte, NC
J. Carver Hill, M.D., Cary, NC
Roger A. Hodge, M.D., Nashville, TN
Elizabeth W. Koonce, M.D., Charlotte, NC
Rita T. Layson, M.D., Greensboro, NC
Robert P. Lineberger, M.D., Chapel Hill, NC
John L. MacNeill, Jr., M.D., Lynchburg, VA
R. Glen Medders, M.D., Raleigh, NC
Jane H. Murray, M.D., Durham, NC
Gregory S. Pape, M.D., Wrightsville Beach, NC
Gregory D. Parker, M.D., Charlotte, NC
Ronald E. Pruitt, M.D., Nashville, TN
Thomas E. Register, Jr., M.D., Burlington, NC
Alfred L. Rhyne, III, M.D., Charlotte, NC
Richard G. Saleeby, Jr., M.D., Raleigh, NC
David L. Sappenfield, M.D., Durham, NC
Paul W. Sasser, M.D., Eden, NC
Thomas C. Spangler, M.D., *Chair*, Winston-Salem, NC
Sharon R. Stephenson, M.D., *Vice Chair*, Cary, NC
Richard C. Stuntz, Jr., M.D., Charlotte, NC
Denny C. Tate, M.D., Burlington, NC
Cathy W. Thomas, M.D., Cary, NC
Paul E. Viser, M.D., *Vice Chair*, Clinton, NC
Robert A. Wainer, M.D., Greensboro, NC
Rolf B. Wallin, M.D., Fayetteville, NC
Robert E. Wiggins, Jr., M.D., Asheville, NC
Daniel W. Williams, III, M.D., Winston-Salem, NC
Phyllis M. Woodring, M.D., Winston-Salem, NC
Michael N. Zarzar, M.D., Raleigh, NC

Class of 1994

Jonathan G. Austin, M.D., *Vice Chair*
Grace T. Ayscue, M.D.
Eric S. Bachman, M.D., *Vice Chair*
Kurt C. Bachmann, M.D.
Laura H. Bachmann, M.D.
Gregory W. Bensch, M.D.
Amy S. Bingham, M.D., *Vice Chair*
Wendi M. Carlton, M.D., *Vice Chair*
David A. Chesnutt, M.D.
Elizabeth A. Creech, M.D., *Vice Chair*
Alan S. Davis, M.D.
Lisa A. Gillespie, M.D., *Vice Chair*
Natalie S. Gould, M.D.
Wendy J. Grant, M.D., *Vice Chair*
Kent W. Kercher, M.D., *Vice Chair*
Kenneth C. Lennon, M.D., *Vice Chair*
Carwile LeRoy, M.D.
John L. Matthews, M.D.
Vanessa L. McPherson, M.D., *Vice Chair*
J. Whitman Mims, M.D.
Daniel H. Moore, M.D.
Laura W. Murray, M.D.
Constance M. Olatidoye, M.D.
Carolyn P. Pearsall, M.D.
W. Lanson Plyler, M.D.
Chandra Y. Smith, M.D., *Vice Chair*
G. Bernard Taylor, M.D., *Vice Chair*
Mary Jean Teague, M.D.
James A. Thompson, M.D., *Vice Chair*
Hilary H. Timmis, Jr., M.D., *Vice Chair*
J. David Ward, II, M.D., *Chair*
Bristol R. Winslow, M.D., *Vice Chair*

Buncombe County

Karl F. Bitter, M.D. '63
Robert M. Boerner, M.D. '61
Jane Lysko Isbey, M.D. '81
Edward K. Isbey, III, M.D. '81
A. Sherman Morris, Jr., M.D. '59
Barry R. Pate, M.D. '58
Herbert O. Phillips, IV, M.D. '81
Stephen R. Shaffer, M.D. '63
James A. Shivers, M.D. '71
F. Alan Thompson, M.D. '75
Eric D. Van Tassel, M.D. '82
Zebulon Weaver, III, M.D. '61, *Chair*

Forsyth County

Robert M. Alsup, M.D. '74
Robert J. Cowan, M.D. '63
Robert L. Green, Sr., M.D. '59
Margaret A. Harper, M.D. '74
O. James Hart, Jr., M.D. '59
Thomas R. Hinson, Jr., M.D. '79

J. Patrick Holland, M.D. '80, *Vice Chair*
Howard D. Homesley, M.D. '67
David V. Janeway, M.D. '85
David L. Kelly, Jr., M.D. '59, *Vice Chair*
Theodore C. Kerner, Jr., M.D. '85
Michael E. King, M.D. '77
Thomas J. Koontz, M.D. '66
Laurence B. Leinbach, M.D. '50
Stephan B. Lowe, M.D. '76
A. Ray Newsome, M.D. '61
Carl S. Phipps, M.D. '62, *Chair*
William R. Pitser, M.D. '62, *Vice Chair*
Harold C. Pollard, M.D. '74, *Vice Chair*
Bayard L. Powell, M.D. '80
C. Fredric Reid, M.D. '74, *Vice Chair*
James L. Sanderford, Jr., M.D. '79
William F. Sayers, Jr., M.D. '65
Sara H. Sinal, M.D. '71
Thomas C. Spangler, M.D. '84
S. Patrick Stuart, Jr., M.D. '85
Earl P. Welch, Jr., M.D. '57

Guilford County

Marcus L. Aderholdt, Jr., M.D. '41
H. Wallace Baird, M.D. '69
Paul D. Barry, M.D. '76
Mary John Baxley, M.D., '82, *Co-Chair*
Thomas A. Brackbill, M.D. HS
H. John Bradley, Jr., M.D. '57
L. Franklin Cashwell, Jr., M.D. '72
David A. Crews, M.D. '81
Eric L. Dean, M.D. '79
Philip C. Deaton, M.D. '66
Gary J. Fischer, M.D. HS
Otis N. Fisher, Jr., M.D. '59, *Co-Chair*
Richard F. Fox, M.D. '75, *Vice Chair*
William H. Gamble, M.D. '76, *Vice Chair*
Charles A. Harper, Jr., M.D. '85
Gary M. Henschen, M.D. '75
J. Curt Jacobs, M.D. '86
Peter M. Jordan, M.D. '85, *Vice Chair*
David C. Joslin, M.D. '85
Suzanne M. Keddie, M.D. HS
Richard A. Keever, M.D. '69, *Vice Chair*
Thomas E. Lauer, M.D. '78
Edgar W. Little, M.D. '71
Gustav C. Magrinat, M.D. '87
Margaret F. Marsden, M.D. '89
James T. Massagee, M.D. '82
W. Ronald Neal, M.D. '75, *Vice Chair*
Harold A. Nichols, M.D. '76, *Vice Chair*
Michael E. Norins, M.D. '86
Louie L. Patseavouras, M.D. '61
C. Alan Ross, M.D. '87
David M. Rubin, M.D. '68
Robert E. Sevier, M.D. '66
Ernest B. Spangler, Jr., M.D. HS, *Vice Chair*
Shahane R. Taylor, Jr., M.D. '59
Robert A. Wainer, M.D. '84
Kenneth H. Winter, M.D. '75
Peter R. Young, M.D. HS, *Vice Chair*

Mecklenburg County

Julian S. Albergotti, M.D. '55
Thomas W. Benton, M.D. '83
Bruce H. Berryhill, M.D. '64
David S. Citron, M.D. '43
William G. Clark, M.D. '78
Valencia P. Covington, M.D. '83
Stephen E. Deal, M.D. '86
J. Dewey Dorsett, Jr., M.D. '49
Charles H. Edwards, II, M.D. '73, *Chair*
C. O'Neil Ellis, M.D. '80
John W. Foust, M.D. '55
J. Thomas Fox, Jr., M.D. '60
J. McNeill Gibson, M.D. '72
J. Michael Harper, M.D. '73
William M. Herndon, Jr., M.D. '81
Stephen W. Hipp, M.D. '83
Jack B. Hobson, M.D. '57
N. Neil Howell, M.D. '66
Luther W. Kelly, Jr., M.D. '46
H. Lee Large, Jr., M.D. '40
David S. Lennon, M.D. '75
Jonathan O. McLean, M.D. '71
Darlyne Menscer, M.D. '79
James C. Parke, Jr., M.D. '54
Robert B. Payne, M.D. '60
James A. Pressly, M.D. '66
John H. Rennick, Jr., M.D. '82
Douglas L. Ritch, M.D. '63
Thomas A. Roberts, Jr., M.D. '70
W. Ray Samuels, M.D. '61
Timothy G. Saunders, M.D. '81
Richard L. Sigmon, Jr., M.D. '79
W. Robert Story, M.D. '58
Richard C. Stuntz, Jr., M.D. '84
C. Carl Warren, Jr., M.D. '59
Mack W. White, III, M.D. '79
Richard L. Wing, M.D. '76
Warden L. Woodard, III, M.D. '81
John A. Young, II, M.D. '60
James A. Yount, M.D. '66

New Hanover County

J. Robinson Harper, Jr., M.D. '84
John M. Herion, M.D. '83
Charles H. Hicks, M.D. '76
James D. Hundley, M.D. '67, *Co-Chair*
J. Eugene McMurry, Jr., M.D. '80
H. Grady Morgan, Jr., M.D. '77
Kenny J. Morris, M.D. '62
Joseph M. Payne, Jr., M.D. '84
Frank R. Reynolds, M.D. '43
James B. Sloan, M.D. '70, *Co-Chair*
James W. Snyder, M.D. '69
John H. Stanley, Jr., M.D. '77
William R. Sutton, M.D. '87

Wake County

Joseph P. Archie, Jr., M.D. '68
F. Walton Avery, M.D. '67
John D. Benson, M.D. '78
Jerry C. Bernstein, M.D. '70
Robert H. Bilbro, M.D. '66
Gerald W. Blake, M.D. '67
William R. Bolding, M.D. '81
Daniel E. Brown, M.D. '65
Donald C. Brown, M.D. '74
Paul L. Burroughs, Jr., M.D. '66
Marjorie B. Carr, M.D. '76
John R. Cella, M.D. '64
George T. Clark, III, M.D. '85
James S. Coxe, III, M.D. '71
Walter E. Daniel, Jr., M.D. '79
Vartan A. Davidian, Jr., M.D. '67
Lisa F. DeJarnette, M.D. '86
George S. Edwards, Jr., M.D. '78
C. Allan Eure, M.D. '67
James S. Fulghum, III, M.D. '71
Mary Susan Fulghum, M.D. '71
David A. Goff, M.D. '81
Hugh J. Grant, Jr., M.D. '69
Alger V. Hamrick, III, M.D. '72
H. Gerard Hartzog, III, M.D. '62
L. Fuller Honeycutt, M.D. '67
Gordon B. LeGrand, M.D. '65
Robert E. Littleton, M.D. '81
J. Tift Mann, III, M.D. '69
Sheppard A. McKenzie, M.D. '74
W. Stacy Miller, M.D. '61
Sarah T. Morrow, M.D. '43
Wade H. Moser, Jr., M.D. '75
Dewey H. Pate, M.D. '58
H. Clifton Patterson, M.D. '74
David A. Rendleman, III, M.D. '70, *Chair*
J. Flint Rhodes, M.D. '62
D. E. Scarborough, M.D. '62
Evin H. Sides, III, M.D. '65
Nathaniel L. Sparrow, M.D. '57
Sharon R. Stephenson, M.D. '84
Ross L. Vaughan, Jr., M.D. '70
George C. Venters, M.D. '71
Richard H. Weisler, M.D. '76
Annie Louise Wilkerson, M.D. '36
Randall W. Williams, M.D. '85
Michael N. Zarzar, M.D. '84

Class Notes

Manning Berryhill Club

Herman F. Easom, M.D. '25, was recently honored by the N.C. Thoracic Society at the annual meeting in Winston-Salem.

Lonnie M. Little, M.D. '25, has retired in Statesville.

30s

Harold W. Glascock Jr., M.D. '32, has retired and is living in Williamsburg, VA.

Julien H. Meyer Sr., M.D. '34, is president of Physicians to Women, Inc. He continues to maintain his gynecology practice with five partners, including his son, also a graduate of UNC-CH.

40s

John R. Pender, M.D. '44, has retired as a general surgeon. His son, John IV, is a premed student at UNC-Charlotte.

Lewis S. Thorp, M.D. '49, has retired from his internal medicine practice with the Boice Willis Clinic in Rocky Mount. He will work part-time as director of medical special initiatives for Area L AHEC.

50s

Morris H. Lampert, M.D. '53, is co-chair of Seminars in Cognitive Neuroscience at the University of Texas School of Medicine at San Antonio. He is also in private practice in neurology.

Julian S. Albergotti Jr, M.D. '55, has retired as area medical director for Southern Bell. He done some traveling and is getting used to "the new life."

Sam Joyner, M.D. '55, has retired from Guilford Medical Associates, P.A., in Greensboro after 33 years of practice in internal medicine. He plans to spend his time grandparenting, hunting and fishing.

James R. Clapp, M.D. '57, professor of medicine, was recently honored with the naming of a James R. Clapp Fellowship in Nephrology by the Department of Medicine at Duke University Medical Center.

60s

Evangeline (Vangi) Clark, B.S. '62, reports that her daughter, Greta, is working in the pathology department at UNC-CH and plans to attend medical school.

J. Andrew Burnam, M.D. '63, has published a second paper on his new plastic surgery technique, "Intravenous Fluorescein Vascularity Studies of a New Technique: The Subcutaneous Pedicled Extension Flap." His latest article was published in the December 1993 issue of Archives of Otolaryngology.

William B. Deal, M.D. '63, is a professor and associate dean in Birmingham, AL. He has two grandsons.

Hugh M. Shingleton, M.D. '64, has been appointed the American Cancer Society's national vice president for detection and treatment. He is the first gynecologist since 1979 to serve on the national staff of the ACS.

Robert L. Grubb Jr., M.D. '65, is professor of neurological surgery and radiation sciences at Washington University School of Medicine in St. Louis. He was recently appointed to the Herbert Laurie Professorship in Neurological Surgery. He has also been appointed director of the American Board of Neurological Surgery. He is currently chair of the editorial board of the Journal of Neurosurgery. He and his wife, Julia, have two children, Robert, a junior medical student at Emory, and Mary Connell, a sophomore at Princeton University.

James S. Powers, M.D. '69, has added Brita K. Boyd, Housestaff '93, to his obstetrics and gynecology practice in the Washington, D.C., area. He has five children. He is looking for ways to "manage" managed care.

70s

Michael A. Moore, M.D. '70, a nephrologist at Danville Urologic Clinic, was visiting lecturer at the Oxford Regional Renal Unit at the Churchill Hospital of the Oxford University School of Medicine in Oxford, England. His lecture was titled, "The Increasing Incidence of End Stage Kidney Disease in the United States." He was recently recognized at the National Institutes of Health in Washington, D.C., for his contibutions to achieving the goals of the National High Blood Pressure Education Program. He was presented the Crystal Glass Award.

L. Frank Cashwell, M.D. '72, associate professor of ophthalmology at Bowman Gray, received an Honor Award at the annual meeting of the American Academy of Ophthalmology.

David W. Ortbals, M.D. Housestaff '72-73, has been elected 1994-95 president of the Alumni Association of Washington University School of Medicine, St. Louis, MO.

Ernest F. Krug III, M.D. '75, is director for the Center for Human Development and Chief of the Division of Developmental - Behavioral Pediatrics at William Beaumont Hospital in Royal Oak, MI.

Linda M. Robinson, M.D. '76, has been elected to the First Citizens Bank's board of directors in Coats. She is a partner in the Coats Medical Clinic. She and her husband, Frank, have three children.

William J. Anderson, M.D. '77, is now liv-

ing in Lewisville, TX, and is an orthopedic surgeon, specializing in hands and upper extremities.

Gary T. Whitlock III, M.D. '78, is director of emergency services at Camp LeJeune. He is board-certified in Emergency and Addiction Medicine. He and his wife, Donna, live in Hubert, NC.

George DiFerdinando Jr., M.D. '78, is director of the Bureau of Tuberculosis Control for the New York State Department of Health, and assistant professor, Department of Epidemiology, School of Public Health, State University of NY at Albany.

Margie Sved, M.D. '79, is division director of adult psychiatry at Dorothea Dix Hospital. She is president of the Association of Gay and Lesbian Psychiatrists. She announces the new addition to her family, a daughter, Eliana Clare.

80s

Scott Boone, M.D. '80, is associate director, Department of Obstetrics/Gynecology, Florida Hospital Family Practice Residency, supervising residents in OB-GYN training.

Bill Winkenwerder, M.D. '81, is vice president and chief medical officer in the Southeast for the Prudential Health Care System. He and his wife, Mary, have one son, Billy.

Charles B. Nemeroff, M.D. '81, is chairman of the Department Psychiatry and Behavioral Sciences, Emory Univeristy School of Medicine. He has been named the Reunette W. Harris Professor of Psychiatry.

M. Sue Kirkman, M.D. '82, has accepted a position in endocrinology/medicine with Indiana University School of Medicine.

Marcus E. Randall, M.D. '82, is professor and chairman, Department of Radiation Oncology at Indiana University School of Medicine. He has three children, Morgan, Mary Cobb and Ken.

Patricia A. Friedman, M.D. '83, is a pediatric geneticist. She has three children, Hannah Levin, Ariel and Jacob.

Howard Waldman, M.D. '84, is director of the Cardiac Cath Lab at North Shore Medical Center in Swampscott, MA. He has two daughters, Mikhaila Rose and Alanna.

Herman C. Sullivan, M.D. '85, is a neurologist at Mt. Sinai Medical Center in Cleveland, OH, and associate professor of neurology at Case Western Reserve University. He and his wife, Roslyn, live in Beachwood, OH, and have one son, Noble.

David R. Theil, M.D. '86, is now a practicing anesthesiologist in Denver, CO.

Cheryl Jeffries Lynch, M.D. '86, has been named to the City Board of Directors of Branch Banking and Trust Company in Burlington. She is a member of the American College of Physicians, a corporate sponsor for Burlington's Habitat for Humanity and volunteer for the Open Door Clinic. She is the owner of Alamance Internal Medicine. She and her husband, Elliott, have two children.

John David Reed, M.D. '86, has opened Central Carolina Nephrology in Concord, NC. He is specializing in diseases of the kidney and hypertension.

Robyn Stacy-Humphries, M.D. '87, is a radiologist in Davidson. She has two children, Catherine Emily and John Kenneth.

Karen Hoffman, D.D.S. '87, has started her private practice in Oak Ridge, TN.She is married to Daniel R. Smith, M.D. '88.

Craig Charles, M.D. '88, has started his infectious diseases fellowship at Bowman Gray after completing his National Health Service Corps obligation.

Melinda Hill Privette, M.D. '88, is an attorney in Raleigh, representing physicians and other professionals before their licensing boards and other agencies.

Daniel R. Smith, M.D. '88, completed his pulmonary/critical care fellowship at University of Michigan and has started his private practice in Oak Ridge, TN. He is married to Karen Hoffman, D.D.S. '87.

Paul R. Eason, M.D. '88, has been elected secretary of the Patrick Henry Medical Society in Martinsville, VA. He is married to Margie B. Eason, M.D. '88, who is a psychiatrist at Saint Albans in Martinsville. They have two children, Stephen Paul and Rachel.

David Ingram, M.D. '88, is executive vice president of a computer informatics group. He is married to Sally Sockwell, M.D. '88, who is an attending in radiation oncology at Duke. They have two daughters, Kate and Caroline.

Kristin Baker, M.D. '89, has completed her child psychiatry fellowship at St. Louis Children's Hospital and will practice in Concord. She is married to Scott M. Baker, M.D. '89, who has completed his fellowship in abdominal imaging at the Mallinckrodt Institute of Radiology and has joined Cabarrus Radiologists, P.A., in Concord.

Lisa Alverson Fair, M.D. '89, completed her residency at East Carolina University School of Medicne in Obstetrics/Gynecology and is now in private practice with Meadors and Goodson in Statesville.

Gregory F. Murphy, M.D. '89, is now practicing at Greenville Urology Clinic in association with East Carolina University Medical School. He and his wife, Wendy, have one son, Parker.

90s

Robert Berkenblit, M.D. '90, is a radiology resident at Monteriore Medical Center, Bronx, NY. He was named chief resident and is looking forward to his body imaging fellowship in 1995 at Georgetown University.

Scott Cochrane, M.D. '90, has completed his Pediatrics residency at University of Massachusetts and joined the Holyoke Pediatrics Associates in Holyoke, MA. He and his wife, **Carol, M.S. '87**, have two children, Elizabeth and Eric, and live in Amherst.

Leroy Hubbert, M.D. '90, has completed his residency in Obstetrics/Gynecology and is now in private practice in Lagrange, Ga. He has one son, Jake.

Sissel K. Topple, M.D. '90, has changed from surgery at Emory University to family practice.

Saralyn R. Hawkins Williams, M.D., Housestaff '90-91, is now chief resident in emergency medicine in San Diego, CA.

Valerie J. King, M.D. '91, has accepted the position of clinical instructor at the UNC-CH Department of Family Medicine. She has been awarded the Robert Wood Johnson Clinical Scholars Fellowship at UNC for '95-97 and Faculty Development Fellow, Department of Family Medicine, '94-95. She is married to William W. Dow, M.D.

Scott R. McDuffie, M.D. '91, is a fellow in gastroenterology at the University of Arkansas for Medical Sciences in Little Rock. He has one son, Andrew.

Clayton H. Bryan, M.D. '91, Housestaff '92, is an ophthalmology resident in Columbia, SC. He has one daughter, Holly.

Peter R. Young Jr., M.D. '92, is a resident in general surgery at N.C. Baptist Hospital/Bowman Gray School of Medicine. He and his wife, Shirley, have one daughter, Elizabeth Victoria.

Deaths
Everett McDaniel, M.D. '27
A.F. Hammond Jr., M.D. '32
Algird F. White, M.D. '38
Charles C. Dudley, M.D. '55
John Earle Harvey Jr., M.D. '60
Ted Rogers, M.D. '67

Shahane Taylor Jr., M.D.

Shahane Taylor Jr., M.D. '59

Known for his political savvy in representing his peers, Shahane Taylor Jr., M.D., recently was recognized for his professional dedication with a Distinguished Service Award from the North Carolina Society of Ophthalmology.

During his 31 years of practice, the Greensboro ophthalmologist has held numerous leadership positions "beating the drum" among peers and legislators for issues at hand, he says.

Taylor has been Councillor from North Carolina to the American Academy of Ophthalmology, representative of his district to the North Carolina Medical Society and past president of the Guilford County Medical Society.

"I have had a wonderful opportunity to meet and work with colleagues from all over the state and nation," Taylor says.

His association work also has given Taylor insight into where the best medical care is provided. "If I had a heart attack in a small town, I could tell you whether to drive on."

Issues Taylor has dealt with over the years include policing professional conduct, protecting the quality of patient care, and identifying the role of ophthalmologists in health care reform and during recent efforts by optometrists to broaden their role.

"It's about time to pass the drum to some of my younger colleagues," Taylor says. "Young physicians working in our professional associations will shape the future of Medicine."

President's Letter

It was good to greet many of you again at the annual meeting and banquet in April. While it was great to see the ongoing generous contribution of our membership as reflected in the checks presented to the Dean at the Friday banquet by the reunion classes and by the chairs of the county "challenge" campaigns around the state, it was even more heartening to see such a splendid cadre of alumni dedicated to carrying out the work of the Association.

In that vein, I dare not try to mention all, but I must acknowledge the special contributions of Joe Russell as chair of the Endowment Board and John Foust as National Loyalty Fund chair. To all of you who serve on the Alumni Council or the Visiting Committee or who do the other work of the Association, a special salute as well.

As your president, it was my distinct privilege to represent you in several events surrounding the medical school graduation exercises. Friday night was the gala buffet and party given for the graduates by your Association. What a fun evening, beginning with wine and elegant food, proceeding through some serious and not-so-serious awards and ending in dancing and socializing. Early in the evening David Ward, Class of 1994 Loyalty Fund campaign chair, presented to the Dean and me a check for $18,900 representing pledges from 53 percent of the graduating class to the Loyalty Fund over the next five years! (I have warned David that he likely will be called on again in years ahead to reuse his obvious skills!)

The Dean presented numerous awards for academic and other achievements and it became quickly apparent that the Class of '94 is an outstanding group. Not to be outdone, the class co-presidents followed with some awards of their own, recognizing achievements of their classmates in a much broader arena! They closed with a slide show and musical soundtrack, which was clearly reflective of the fun, the commitment and the bonding that goes with the medical school years, our alumni and with our profession.

On Sunday, I joined Bill Easterling on stage to present each new graduate a certificate and word of welcome as they joined our ranks as alumni. We were the first to greet them after they had been hooded, introduced as "Doctor" and awarded their diplomas by Dean Bondurant. What an attractive group, and I saw in their eyes and felt in their handshakes the expected mixture of tears, excitement, relief, pride, apprehension and awe. They have been well prepared, they are deserving, and now they are ready and eager to serve. They carry with them our very best wishes as they move into their residencies and beyond.

It seems appropriate here, on a more personal note, to share with you that my own practice group saw July 8 the retirement of Sam Joyner, Class of '55, after 33 years of practice in Greensboro. A respected friend to many of you, he was to me mentor, friend, colleague and so much more. He will be sincerely missed.

Your officers and committee persons have been at work this summer and early fall doing the work of the Association under the able tutelage of Stephanie Stadler, Jane McNeer, Ed Crowder and Bill Easterling. We are delighted to have our new dean, Dr. Mike Simmons, on board and have pledged to help in getting him acclimated and around the state to meet alumni and other friends of the medical school. I hope all of you will plan to attend the fall alumni weekend on October 7-8 for an opportunity to meet Dean Simmons and to enjoy the good fellowship and valuable CME the weekend always provides.

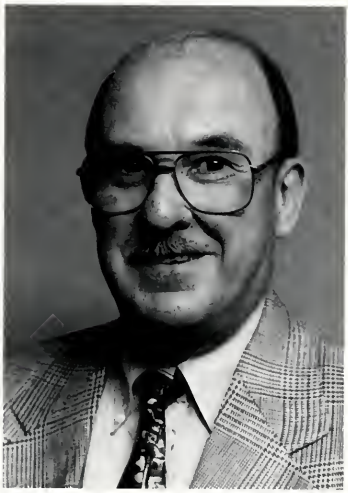


Photo by Dan Crawford

Until then, if you have needs or concerns that your Alumni Association and its leadership can address, please let us hear from you.

Fond personal and professional regards,

Robert E. Sevier, M.D.

CME/Alumni Calendar

	Medical Alumni Activities	
September 28-October 2	Robert A. Ross Society Annual Meeting (OB-GYN)	Tyson's Corner, VA
October 7	6th Annual Clinical Cancer Conference: Curative Therapy for Hematologic Malignancies	Chapel Hill
October 7-8	Fall Medical Alumni Weekend	Chapel Hill
October 18	Norma Berryhill Lecture: Judson Van Wyk, M.D.	Chapel Hill
October 18-22	TEACCH Residential Training	Durham
October 22-23	Advanced Cardiac Life Support (ACLS)	Chapel Hill
November 4-5	Critical Care Update	Chapel Hill
November 9-10	AIDS Tutorial	Chapel Hill
November 10	N.C. Chapter of the American College of Surgeons Annual Meeting	Chapel Hill
November 11	Prostate Disease: Update for the 1990s	Chapel Hill
November 12-13	George Ham Symposium (Psychiatry)	Chapel Hill
December 2-3	Electrocardiogram Reading Course	Chapel Hill

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Education and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call 1-800-862-6264.

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November 1994

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School of Medicine, University of North Carolina at Chapel Hill

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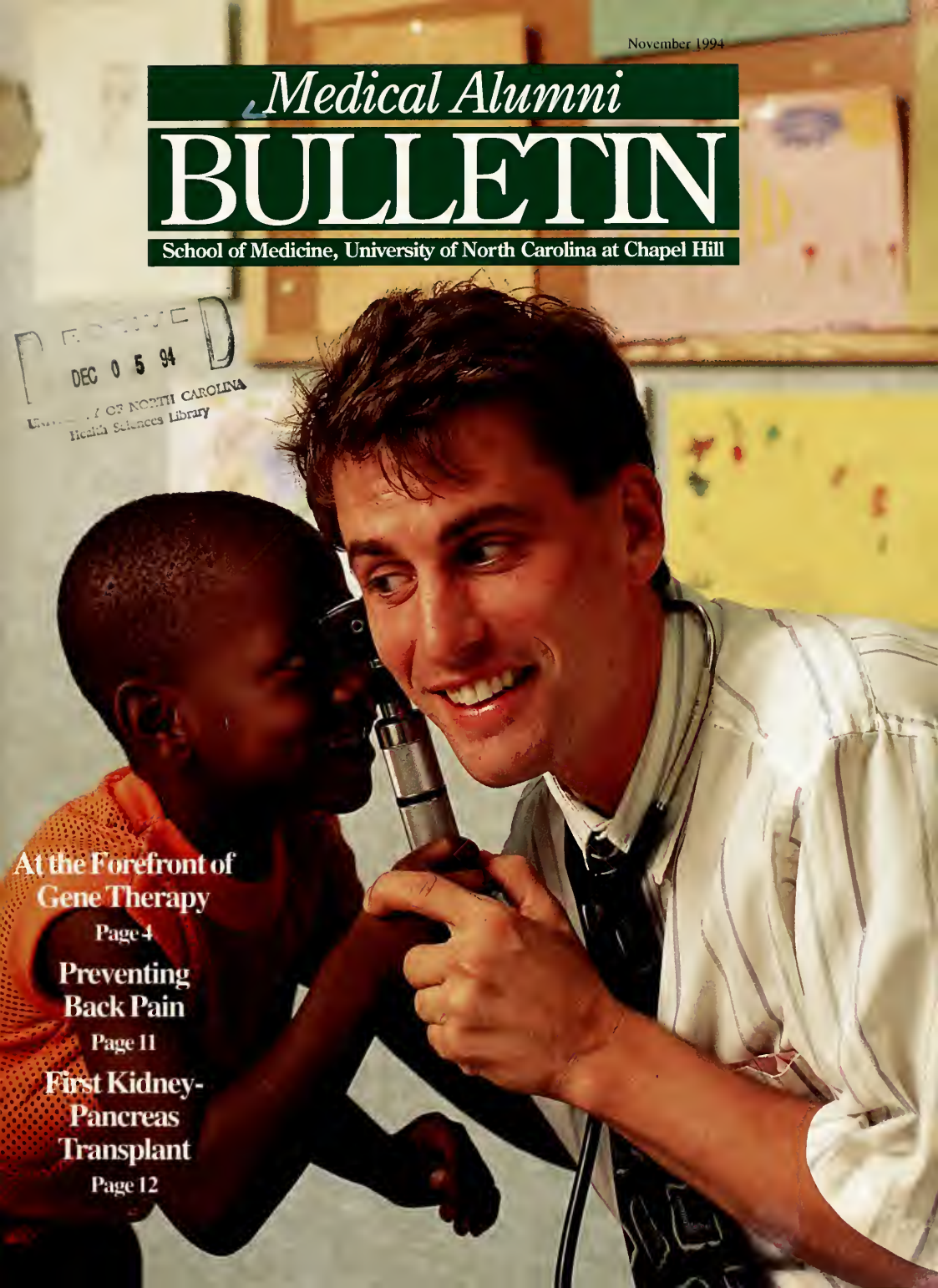

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First Kidney-Pancreas Transplant
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Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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On the Cover: Kindergarten student Dequine Harrison and first-year family medicine resident Mitchell Hall, M.D., switch roles during a physical exam at Ephesus Road Elementary School in Chapel Hill. Residents from the UNC Department of Family Medicine conducted free physicals for kindergarten students this fall. *(Photo by Charles Brown)*

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Lund Fires Up the Basics

Photo by Dan Crawford

Dean Michael Simmons, M.D., congratulates P. Kay Lund, Ph.D., on her awards at the annual Whitehead Lecture.

By Cynthia A. Thomas

Her students call her a "fireball," fueled by the satisfaction she feels when successfully teaching difficult concepts and by the excitement of new ideas she transfers from her research lab to the classroom.

P. Kay Lund, Ph.D., has been so successful, in fact, that she was recognized by her peers and students with three awards for excellence in teaching at the annual Whitehead Lecture in August. She received awards in previous years as well. (See story on page 3.)

"She's a remarkable combination of excellent teacher and internationally renowned scientist with invitations to meetings all over the world," says Stanley Froehner, Ph.D., chair of the Physiology Department.

A faculty member at the School of Medicine for 12 years, Lund has been director of the first-year Medical Physiology course for the past four years. The professor also teaches second-year Mechanisms of Disease and a graduate physiology course on scientific applications and methods.

She is funded annually with about $300,000 in grants for endocrine research. Her current work focuses on growth factors related to inflammatory bowel diseases.

"Dr. Lund is quite a fireball," says Michael Batten, co-president of the second-year class. "She has a lot of energy. If she explained something 20 times, she would still be just as excited the twentieth time.

"She's involved in every aspect of the Medical Physiology course. She's concerned about promptness in returning exams and making sure they are fair. She also makes sure the course material prepares students for the remainder of medical school and the Board of Medical Examiners."

"Dr. Lund is extremely friendly and approachable," says David Dorofi, fourth-year medical student and co-president of the Whitehead Society. "She knows the important things students need to understand. When she gives a lecture, she's very entertaining and puts information in a way everyone can understand."

Following a tradition of the Physiology Department, Lund as course director attends all classes in the multi-lecturer Medical Physiology course. The course is

divided into sections taught by different professors, including herself. "This helps me know the strengths and weaknesses of the course," Lund explains. "I can give feedback to the faculty, and I can answer students' questions as well as develop appropriate exam questions.

"One advantage of being course director is that I get to know the students well," Lund says with a smile. Communication with her 170 students is enhanced even further with an open door policy and use of electronic mail to provide immediate response via computer to student questions.

Lund has developed her teaching methods and philosophy based on 20 years of teaching medical students, beginning when she was 19 in her native England. Her love for public speaking stems from her father's encouragement when she was a child.

"I advise faculty to consider how much material they think they can teach and divide it by two. The biggest problem is trying to teach too much. I am a strong believer in traditional teaching—using the blackboard for important points and computers and slides to reinforce the core elements. I try to say everything at least twice—I hope in ways the students won't think I'm repeating myself. Medical students have so much material to learn—it's important to get it down to what we think is essential.

"I'm very selective in telling students about hot research areas to stimulate their interest. If you tell them too much, they'll go to sleep. Some people say my British accent helps keep their attention; they seem to like it."

Lund says, "Having an active research program keeps you abreast of key unanswered questions in medicine and helps make the course material more interesting. Most of the physiology faculty are active researchers, and this definitely comes out in their lectures They put a lot of effort into excellent teaching."

A graduate of the University of Newcastle Upon Tyne, Lund came to UNC from a post-doctoral fellowship at Harvard Medical School and Massachusetts General Hospital where she learned recombinant DNA technology. She says the job description at the School of Medicine "was as if it was written just for me." Lund wanted a change from the big city to start her family and yet work in a "really good intellectual and professional environment."

Lund's husband, Mark, takes on the major share of parenting their two girls. "Without this support," she says, "it would be difficult to successfully handle all the demands on my time."

After years of juggling teaching, research, grant writing, committee work and other administrative duties, Lund says she's ready for a sabbatical to "spend one year doing just science." She hopes to go to Ludwig Cancer Institute in Melbourne, Australia.

But following this endeavor, Lund is sure to return to the classroom. "In research, one can work for months before achieving any successes. In teaching, I achieve satisfaction every day when I see the look on students faces showing that they have grasped a difficult concept." □

Students Recognize Faculty at Whitehead

Photo by Dan Crawford

Harold C. Pillsbury III, M.D., was selected as this year's Whitehead lecturer. At his side are Whitehead Council Co-Presidents Douglas Wyland, left, and David Dorofi, right.

Several faculty members were recognized in August by medical students during the annual Whitehead Lecture for excellence in teaching. The lecturer for this event, Harold C. Pillsbury III, M.D., was lauded for contributions to the science and art of medicine and was named an honorary member of the Whitehead Society.

Pillsbury, Thomas J. Dark distinguished professor of surgery, emphasized the importance of the physician-patient relationship and demonstrated the long tradition of this philosophy and caring atmosphere at the School of Medicine. He also noted that clinical medicine would not exist without basic science.

"If all we looked at was the cost-effectiveness of treatment, a lot of patients wouldn't be here today. If I think a patient will make it, I will go right through the water no matter what it takes," Pillsbury said. He presented several before and after slides and stories of patients who beat the odds because their physicians at UNC "committed themselves to human beings and not just cases."

Other faculty members and their awards are:

P. Kay Lund, Ph.D., professor of physiology and pediatrics; The Kaiser-Permanente Excellence in Teaching Award, The Hyman L. Battle Distinguished Excellence in Teaching Award in the Basic Sciences, and the Freshman Basic Science Teaching Award.

Robert A. Bashford, M.D., clinical assistant professor of psychiatry and obstetrics-gynecology; The Central Carolina Bank Excellence in Teaching Award.

Don K. Nakayama, M.D., professor of surgery and pediatrics; The Hyman L. Battle Distinguished Excellence in Teaching Award in the Clinical Sciences.

David L. Ingram, M.D., professor of pediatrics, Wake Medical Center; The Outstanding AHEC Faculty Award.

Frederic G. Dalldorf, M.D., professor of pathology; Sophomore Basic Science Teaching Award.

The junior class awarded The Best Clinical Clerkship to the Department of Medicine; the Freshman Basic Science Course Award to Medical Neurobiology in the Department of Physiology;and the Sophomore Basic Science Course Award to Pathology.

Numerous awards also were given to medical students to recognize their achievements.

At the Forefront of Gene Therapy

By Barbara Proujan

A little more than 40 years ago, American biologist James Watson and British biophysicist Francis Crick discovered the structure of DNA, the genetic blueprint of life, for which they later won the Nobel prize. Since then, knowledge of molecular biology has grown exponentially. Now 2,000 genes have been identified, which are responsible for about half of the 5,000 known genetic diseases. Research is under way to sequence the entire human genome, which will uncover an estimated 100,000 genes.

This knowledge explosion has led to the new discipline of molecular medicine, of which gene therapy offers the possibility of curing genetic diseases, or at least providing better, longer-lasting treatments than doctors currently can offer. And, for some diseases, such as cancer and AIDS, therapy at this basic level may result in novel treatments.

"The University of North Carolina is at the forefront of gene therapy research. As evidence of this, in August the School of Medicine received a $1.5 million grant from the Lucille P. Markey Charitable Trust establishing the Program for Molecular Therapy of Human Diseases," says Michael Simmons, M.D., dean of the School of Medicine. "Gene therapy and molecular therapy already have revolutionized the way medicine is practiced. The pace is rapid, and the implications overwhelming. UNC-CH is truly in the vanguard of this revolution."

"The program's goal is to move molecular therapies from the research bench to the clinic for a variety of different diseases, including genetic diseases and cancer," says William F. Marzluff, Ph.D., director of the program in molecular biology and biotechnology, and professor of biochemistry and biophysics.

"UNC is a leader in developing animal models of genetically based diseases, is internationally renowned for clinical expertise in these diseases and has a strong program in basic science, so we have all the necessary elements to be at the forefront of gene therapy," says R. Jude Samulski, Ph.D., director of the Gene Therapy Center. "Many other institutions only have one or two of these critical pieces. I don't think there are any other centers that are at our level," says Samulski, who also is an associate professor of pharmacology and a member of the program in molecular biology and biotechnology.

Photo by Paul Dagys

R. Jude Samulski, Ph.D., director of the Gene Therapy Center, examines cells used in gene therapy studies involving adeno-associated virus.

To provide centralized, cutting-edge research, the university created the Gene Therapy Center in 1993; researchers in the center will be housed in the Thurston-Bowles building.

Gene therapy involves a form of molecular surgery in which a normally functioning gene is placed into cells carrying the defective gene. Researchers primarily have turned to viruses as a tool for performing

this function. By disarming viruses of their normal DNA and engineering them to carry a new payload, the normal gene carried by the virus becomes activated once inside a cell. The active gene produces a protein product that now functions in place of the person's damaged gene. There are three components to gene therapy: basic research to learn about the function of the gene, animal models to test new therapies and clinical studies.

Basic Science Research

Marzluff and his colleagues are trying to determine how genes become activated. Their research focuses on histones, which activate genes and are found in every cell. "Presumably, these cellular signals will work in any cell, so we can add them to a gene we want to put into a human to turn a gene on," he explains.

However, one of the current problems with delivering genes is that only a limited size can be delivered. This means that only diseases caused by smaller genes can be treated efficiently right now. Also, having only part of a gene limited the effectiveness of therapies. Histones are proteins made from very small pieces of genetic material. "With histone promoters, we can easily put a small piece of DNA with the therapeutic gene and have the system work. For example, a histone promoter could be put together with a normally functioning gene for cystic fibrosis, to turn the gene on," he says.

Marzluff, together with Manjiri Sethna, Ph.D., postdoctoral fellow, also is working with investigators involved in cystic fibrosis gene therapy to determine whether the viruses used are being spread and that the transferred gene is working. (See story on page 7.)

A UNC-CH researcher studying how to deliver genetic material is Jean-Michel H. Vos, D.Sc., associate professor of biochemistry and biophysics, and genetics and molecular biology. Vos recently reported in *Nature Genetics* that he and his colleagues, Tian-Qiang Sun, Ph.D., post-doctoral research associate, and David A. Fenstermacher, graduate research assistant, in the UNC Lineberger Comprehensive Cancer Center, for the first time successfully have placed very large sections of human genes into Epstein-Barr viruses. "Researchers have been looking for a system that would allow most normally functioning human genes, as a single piece, to be placed into human cells, and our system allows that," he says.

"Currently, viruses used for gene therapy carry the minimal amount of information needed to replace a defective gene," he explains. "But clearly there are areas around a gene that carry important information that are not being included. With our system, this extra genetic information can be included because we can incorporate much bigger pieces of DNA into a virus," he says. The investigators have been able to insert genetic material that is nearly 10 times larger than previously was cloned. "And, we believe that we have not reached the upper limit regarding the size we could create," Vos says. He is beginning to test his viruses in animal models to control blood-related diseases such as hemophilia.

Samulski and his co-workers are investigating methods for delivering genes to human cells, including using the adenovirus, which can cause the common cold, and adeno-associated virus (AAV), which needs adenovirus to complete its lifecycle. "We are trying to develop custom-made viruses, each capable of carrying a different gene," he says.

AAV resides in a patient's chromosomes when adenovirus is not present. When used for gene therapy, it has the "potential to replace a defective gene for the life of an individual. AAV also is safe, it does not cause disease on its own, and it can enter dividing and non-dividing cells, whereas other viruses being tested for gene therapy only can enter dividing cells," Samulski says. "For every area that UNC has a major clinical strength, and there is in place an animal component, we can provide viral vector development with the hope of a therapeutic use in humans."

Gene therapy also is being looked at to improve cancer treatments. Richard C. Boucher Jr., M.D., professor and division chief of pulmonary medicine, is investigating viral vectors to carry genes that target lung cancer cells. He is determining how far the virus spreads after being injected into tumor cells, and he may soon be ready to test the therapy in clinical trials.

Beverly S. Mitchell, M.D., division chief of hematology/oncology and Wellcome distinguished professor of cancer research, and her colleagues have cloned deoxycytidine kinase, which activates several chemotherapeutic compounds currently used to treat some types of leukemias. Using cell cultures, they are trying to determine if markedly boosting the level of this enzyme increases the toxicity of these chemotherapies. If so, "we would like to transfer the enzyme to malignant cells by using viral vectors, or possibly by just enhancing the normal level of expression using molecular reagents."

Mitchell, who also is a professor of pharmacology and associate director for clinical sciences in the Lineberger center, is concentrating on molecular therapy for cancer treatment. "Our major objective is to utilize advances in understanding at the molecular level of things, such as mechanisms governing gene regulation, to develop new cancer therapies," Mitchell says. "This includes using stretches of DNA to inhibit or stop the expression of certain genes that are important for cell growth."

Animal Models

Oliver Smithies, D. Phil, excellence professor of pathology and head of the animal models program at UNC-CH, has pioneered the development of knock-out mice. Using gene targeting, a technique he developed, Smithies inserts an inactivated form of a human gene into mice. The human gene finds the spot on the mouse chromosome where the normal gene is located and replaces it. These models allow researchers to test new therapies and better understand disease processes. "We probably have one of the strongest concentrations of transgenic knock-out animal model investigators in the world here at UNC," Samulski says.

With Beverly H. Koller, Ph.D., research assistant professor in the division of pulmonary medicine, and Boucher, Smithies developed the world's first mouse model of cystic fibrosis. Shortly after this important advance, Nobuyo N. Maeda, Ph.D., associate professor of pathology, developed a mouse model for atherosclerosis.

Samulski is working with Keith Quattrocchi, M.D., assistant professor of neurosurgery, on gene therapy for malignant gliomas, a deadly brain tumor that current therapies can do little against. This multidisciplinary effort involves Anna Skulimowski, Ph.D., postdoctoral fellow; Cindy Hensley, research analyst; Terry Van Dyke, Ph.D., associate professor of biochemistry and biophysics; and Claramae Miller, Ph.D., a visiting immunologist from the

University of California, Davis.

The therapy involves using either adenovirus or AAV to carry the herpes simplex virus with thymidine kinase gene (HSV-TK) into brain tumors in rodents. Because tumor cells are replicating, they activate the gene and TK is synthesized by the cells. "When certain drugs, such as ganciclovir, are given in the presence of synthesized HSV-TK, they cause the cells to self-destruct," Quattrocchi explains. Skulimowski is determining which viral carrier is more effective.

"The ultimate experiment is to make either virus with an astrocyte promoter to target tumor cells, and to package this promoter and HSV-TK gene in a defective and temperature-sensitive virus. The promoter specificity and the temperature-sensitive variant are two safety factors that have not yet been utilized," Quattrocchi says. "Our next step is to determine if the vector is safe and therapeutic in an animal model of brain tumors. If so, we may be able to start phase one studies in humans in about a year."

"It is with this type of research that most of the groundwork will be established that will then help patients with genetic diseases," Samulski says.

In a different type of animal model, Kenneth Brinkhous, M.D., alumni distinguished professor of pathology emeritus and a member of the Center for Thrombosis and Hemostasis, used gene therapy to cure dogs with hemophilia B that normally lack factor IX. Brinkhous is conducting this research with investigators at UNC-CH and at Baylor College of Medicine.

By using adenoviruses to carry factor IX, the investigators produced therapeutic levels of the blood clotting factor for more than two months in these dogs. "We raised production of factor IX in hemophiliac dogs from nothing to three times as much as even normal healthy dogs have," Brinkhous says.

"This study strongly suggests that similar genes can be delivered to humans with the bleeding disorder to cure them or at least markedly improve their therapy," he explains. Hemophilia B occurs when patients lack a protein essential for blood clotting. Patients, almost all of whom are male, have recurrent bleeding, often in their joints, which causes extreme pain and can be potentially crippling.

The other UNC-CH investigators involved were Lesli Taylor, M.D., assistant professor of general surgery; Dwight A. Bellinger, D.V.M., Ph.D., associate professor of pathology; Majorie S. Read, Ph.D., research associate professor of pathology; and Charles N. Landen, a medical student.

A knock-out animal models facility is being created in the Thurston-Bowles building to allow investigators access to this new technology. "Animal modeling is critical to progressing with gene therapy," Marzluff says.

Clinical Studies

As part of UNC-CH's campus-wide commitment, a clinical director for the Gene Therapy Center is being recruited. The core laboratory of the Verne S. Caviness General Clinical Research Center on the third floor of UNC Hospitals is being renovated to house a laboratory in which viral vectors will be created for studies in human gene transfer. "We have recently initiated a complete renovation of the 1,300-square-foot area that previously housed the core laboratory for the production of gene therapy viral products," says Eugene P. Orringer, M.D., Verne S. Caviness professor of investigative medicine.

All activities that will be carried out in this facility will be performed under Good Manufacturing Practice or GMP. "GMP means that the facility in which products are being made conforms to the Food and Drug Administration's most strict guidelines," Orringer explains. "Thus, these products will be of the same quality as are other therapies tested in humans." This facility should be operational by next July and will have multiple modules enabling different vectors to be made simultaneously.

"UNC Hospitals made a major financial commitment to renovate the space, and the medical school made a similar commitment to equip it," Orringer says. "Gene therapy is a field that is about to explode, and we need this facility to enable us to maintain our position at the forefront of gene therapy research."

"The wonderful co-operation between the university and the hospital makes us unique," Marzluff notes. "We will be able to have the science and the patient research in one central area."

"Typically, universities are not set up for pharmaceutical-grade production, so they need to find a company to make their products," Samulski says. "We felt that it was imperative that we control production and quality of the products created. Our commitment is clearly to the clinical arena. By having our own manufacturing facility, we will be able to test our own therapies. Although the studies we will do are only phase one trials that establish toxicity, they will give us tremendous insight into what works and what does not."

As of September, 10 patients with cystic fibrosis have undergone gene therapy to determine the safety of the treatment. In the near future, gene therapy for hemophilia patients and patients with brain tumors is expected to start. "I expect that by the year 2000, some of these things will be working quite well," Marzluff says. "Our facility will be an experimental facility. Once we get one gene therapy working, it will then be produced by companies, and we will move on to other genetic diseases. We expect to be a really major contributor on a national level."

"Any gene that is identified could be a candidate for replacement therapy," Samulski says. Some of the other areas to be targeted in the future include AIDS, alcoholism, stroke, sickle cell and arthritis.

"Gene therapy in the future can be compared to polio in the past," Samulski says. "Today, young adults have no concept about what polio is because they were vaccinated when they were babies. When this wave of medical science and breakthroughs goes through, there will be an equivalent population that will say 'I was born with cystic fibrosis, or diabetes or sickle cell, but I got gene therapy as a child, and was corrected.' The next generations will only know these things as names and not realize how devastating they are." □

Cystic Fibrosis Gene Therapy Leads the Way

Photo by Scott Hoffman, Greensboro News & Record

Michael Knowles, M.D., removes nasal cells to determine if genetic changes have occurred in this patient who is undergoing gene therapy for cystic fibrosis.

On Aug. 21, 1992, Beverly Koller, Ph.D., research assistant professor of medicine; Richard C. Boucher Jr., M.D., professor and division chief of pulmonary medicine; and Oliver Smithies, D. Phil, excellence professor of pathology and head of the animals model program at UNC-CH, announced in the journal *Science* that they had developed the first animal model for cystic fibrosis (CF). Just three years previous to this finding, another research team identified the defective CF gene, named cystic fibrosis transmembrane conductance regulator (CFTR), which controls the flow of chloride ions in and out of cells. The CF mouse model is being used in several studies at UNC-CH, including the testing of new therapies.

CF is the most common genetic defect found in Caucasians, striking one out of every 2,000 children born. Patients with the disease lack a functional copy of CFTR and produce a thick, lung-clogging mucus that leads to a chronic cycle of infection and damage to the airways. Most patients live only into their 20s because there is no effective treatment.

In March 1993, UNC Hospitals received the first approval in the state to perform gene therapy treatment — for patients with CF. "We are one of nine centers across the nation funded by the National Institutes of Health that are studying gene therapy for CF," Boucher says.

The UNC investigators deactivated adenoviruses, which normally cause the common cold, to prevent them from replicating and causing a cold-like infection. In place of the genes that cause replication, the investigators substituted the gene that will correct CF. They chose adenoviruses to carry the functional CFTR gene because this virus has adapted itself to entering the cells lining the nose or the lungs. Once the deactivated viruses have entered these cells, the active CFTR should be produced and compensate for patients' defective genes.

Although some of the centers are administering their gene therapy to cells in CF patients' lungs to test the therapy, Boucher and his colleagues apply the virus to nasal passages. "The cells in the nose are the same as those lining the lung, and they provide easier access," Boucher explains. As of September 1994, 10 patients had received the therapy and five more were expected to receive it.

Boucher; Michael Knowles, M.D., associate professor of medicine and leader of the clinical research team; and their colleagues are blinded as to the outcome of the study. The research team includes Larry Johnson, M.D., assistant professor of medicine; John Olsen, Ph.D., research associate professor of medicine and a member of the UNC Lineberger Comprehensive Cancer Center; and Raymond Pickles, Ph.D., post-doctorate fellow. Although these studies are designed to test the safety of the gene therapy and establish toxicity levels, the investigators hope to observe that the therapy restores normal CFTR function.

Only small amounts of modified virus have been applied to the cells in the nose. To be an actual treatment for CF patients, the amount of genetic material transferred will have to be increased.

Boucher and his colleagues insert the CFTR gene into the nucleus of patients' cells, but the genes are not incorporated into egg or sperm cells. Therefore, they will not be passed to a patient's children. "Our technique is a temporary fix," Boucher says. "However, we believe it will be better than the daily physical therapy patients currently undergo to break up the mucus in their lungs. And, gene therapy promises to be a longer term treatment than other therapies that are being studied." □

—B.P.

Thomas Receives Fuller Award

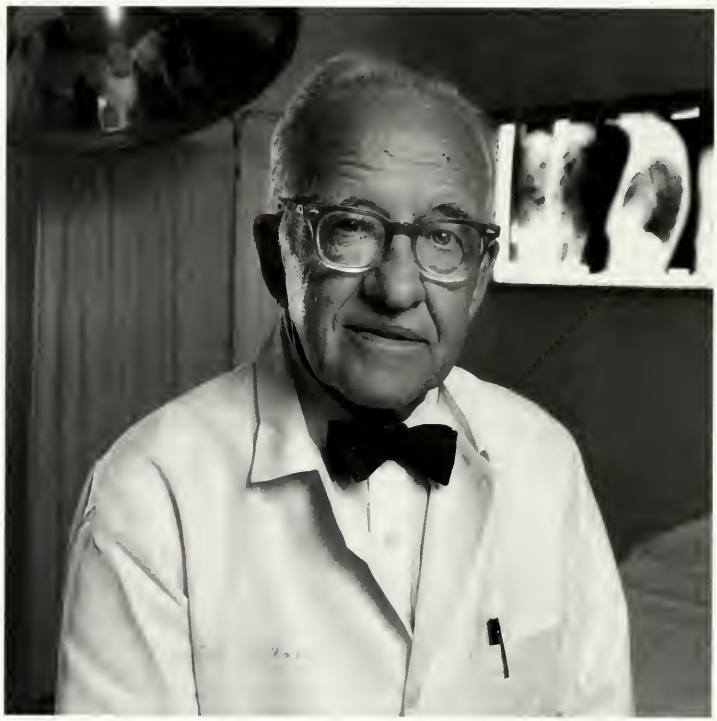


Photo by Jay Mangum

Colin G. 'Tim' Thomas, M.D.

By Leslie M. Purcell

His colleagues call him a "surgeon's surgeon." His patients call him "wonderful." And the UNC Hospitals board of directors has recognized his accomplishments by naming him this year's recipient of the H. Fleming Fuller Award.

Colin G. "Tim" Thomas, M.D., Byah Thomason Doxey-Sanford Doxey distinguished professor of surgery, exemplifies the qualities the Fuller Award was established to recognize, his colleagues and patients say.

"No one in my experience is a greater advocate for the highest standards of patient care than Dr. Thomas," says Robert D. Croom III, M.D., professor of surgery. "His understanding of physiology, his intellectual preparation and judgment in selecting a course of treatment and his technical precision in surgical procedures have been recognized by residents and faculty as the standards of excellence to which we aspire. And his commitment to treating patients with compassion and respect and to maintaining their sense of worth and dignity is exemplary."

The Fuller award is given each year in memory of H. Fleming Fuller, M.D., a Kinston physician and longtime member of UNC Hospitals board of directors who died in 1986. The award recognizes a medical faculty member for dedication to compassionate patient care and excellence in teaching.

A native of Iowa, Thomas earned his M.D. degree from the University of Chicago in 1943 and did his residency in surgery at the University of Iowa Hospital. He joined the UNC-CH medical staff in 1951 as assistant professor of surgery and served as chair of the Department of Surgery from 1966 to 1984.

Thomas is an internationally recognized expert in thyroid and parathyroid gland diseases. He is a past president of the American Association of Endocrine Surgeons and was cited in Best Doctors in the United States in 1979 and in the 1992-93 and 1994-95 editions of The Best Doctors in America. During his career, he has published 24 book chapters and more than 160 articles.

"I was recruited by Dr. Thomas in 1973 to a position in the Department of Surgery," says Charles A. Herbst Jr., M.D., professor of surgery. "At that time, I was impressed by his kind and gentlemanly spirit and his demand for truth and excellence in the practice of surgery. He has been an outstanding role model to me over the years."

"Dr. Thomas is just wonderful," says Claudia Parvin of Washington, NC, who has been one of his patients for 30 years. "I get tears in my eyes just talking about him. His bedside manner is wonderful. He always listens to my concerns about my health, and he's always there whenever I need him. I can't possibly toot his horn any more than I already do." □

Verne S. Caviness

Wearing a navy suit with a UNC tie, Verne S. Caviness, M.D. '19, sits in his favorite wing-back chair enjoying the sweet scent of roses picked from his garden. He remembers advances in medicine he helped foster and people he has known during his nearly 100 years.

The legacy of one of Raleigh's first internists, who was among the first to study insulin and treatments for hypertension, will continue as researchers pioneer new advances in the Verne S. Caviness General Clinical Research Center at the School of Medicine.

Although a slight stroke has slowed him down this past year, Caviness still loves to read and share his memories. Admitting he is not wearing his hearing aide, Caviness speaks slowly and deliberately. But he is quick to correct the interviewer regarding his age. "I'm 99 and a half," with emphasis on "half." He will be 100 on Feb. 9.

The year 1916 seems like just yesterday. "I went to medical school at UNC at about 1916. The University has always favored research as an important part of medical education even when I was there and before."

After finishing UNC's two-year medical program, Caviness worked in a Winston-Salem bank and in other jobs to save money for school. "I remember when I was working for the *News and Observer*, I wrote a feature on ship building in Morehead City during World War I."

He then went on to Jefferson Medical College in Philadelphia to finish his last two years. Jefferson Hospital was among the first to conduct clinical insulin studies during that time.

"There was nothing you could do for diabetes except die until insulin was discovered," Caviness says. "We determined proper dosage and a lot of minor points regarding treatment."

In 1923, the Hillsborough native started a private practice in Raleigh that included the city's first medical laboratory. Later, he helped found a heart and blood pressure clinic at Rex Hospital. There he did research on early blood pressure therapies and reported many clinical findings that have helped generations of patients.

Photo by Paul Daggs

Verne S. Caviness, M.D. '19

In 1952, when North Carolina Memorial Hospital opened, Caviness went to Chapel Hill weekly—without pay—to work on blood pressure research, teach and provide patient care.

Much of his work went uncompensated, including treatment for alcoholics and children at the Methodist Orphanage in Raleigh.

"Even in the very early days of internal medicine, Dr. Caviness set high personal and professional standards that continue today to elicit the admiration and respect of all who know him," says Eugene P. Orringer, M.D., the Verne S. Caviness distinguished professor of investigative medicine and program director of the General Clinical Research Center. "And his generous contributions to the GCRC and School of Medicine continue to promote research and clinical excellence." Caviness has helped fund a professorship and the General Clinical Research Center, both named in his honor.

In addition to shaping physician training through his program support, Caviness offers words of advice for future physicians. "Above all, do no harm. This needs to be wisely and widely interpreted and practiced. They've been taught the rest of it."

How would he like to be remembered? "Well, I've never given any thought to that," he says with a humble smile. "I helped my fellow man—and this is not just a matter of helping longevity. We have many ailments and difficulties."

As the interview comes to a close, a comment is made about the sweetheart rose in Caviness' lapel. He reaches into his pocket and hands the visitor a tiny pink rose—a gift he has given to nurses for nearly 70 years. □

—*C.A.T.*

Precautions Help Avoid Childhood Injuries

By Veronica A. Gontram

The leading cause of death and disability for children ages 1 to 14 isn't an incurable disease or a mysterious syndrome. It's injury, and it's preventable, says Don Nakayama, M.D., chief of pediatric surgery and professor of pediatrics and surgery at the School of Medicine.

Injury strikes more than 21 million children each year. More than 11,000 of those children die as result of their injuries.

"That's tragic when you consider the fact that most of the injuries could have been prevented," Nakayama says. "It's up to us to design strategies to avoid these injuries."

Nakayama offers the following tips:

Falls

- Do not leave infants unattended while they are on changing tables or beds. Small infants are amazingly mobile and can roll over and fall.
- Use window guards and other unremovable barriers so that children cannot push through screens and topple out windows.
- Do not put your child in a walker that glides around a room on wheels. Babies have leg strength to move around the room but often cannot change direction or stop if the walker approaches a stairwell.
- Use playpens to restrain infants and toddlers.

Burns

- Keep young children away from stoves and cups of hot drink. Scalds occur when children pull hot drinks off tables or pots off stoves.
- Decrease the temperature of your hot water heater to 120 degrees to reduce the risk of bathing water that is too hot.

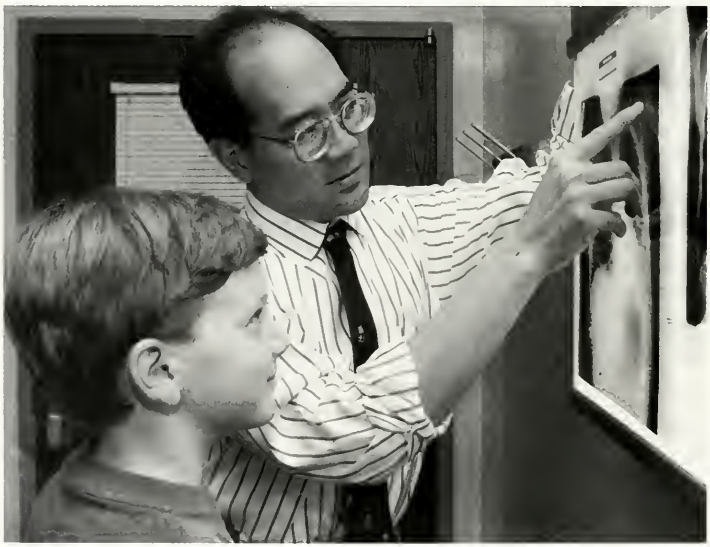


Photo by Jay Mangum

Don Nakayama, M.D., shows Smith Newman, 8, an X-ray of his spleen that was injured in a sledding accident.

Pedestrian Injuries

- Watch children closely at busy intersections. Traffic controls, such as lights and signs, are designed for motorists instead of pedestrians, particularly young ones. Street crossings, even in quiet neighborhoods, should be watched by a responsible adult.
- Keep a close eye on young children while they are playing outside. Restrict child's play to the yard, if possible.

Biking Injuries

- Restrict the child's bike riding to quiet streets and neighborhoods. Adult supervision is necessary.
- Make sure bicycle helmets are used. More than 90 percent of serious injuries from bikes are head injuries. Approved bicycle helmets prevent such injuries.

Swimming Injuries

- Teach children to swim at an early age.
- Supervise infants and toddlers in wading pools since drowning can occur in only inches of water.
- Note whether the pool has a suction drain. The drain, if unprotected, may pull a child under water and cause devastating injury. Recently enacted legislation will help address this issue, but parents should still be aware of the problem.

Sports Injuries

- Encourage children to participate, but be sure that they wear helmets and other protective equipment.
- Keep track of younger siblings, since most of the attention is focused on the event.
- Keep younger children away from areas where players are throwing or kicking balls or swinging bats.

Automobile Injuries

- Use child safety restraints while transporting children to various activities. Children are more likely to be at risk riding in the car from activity to activity than they are at the activity itself. □

Preventing Back Pain in the Elderly

Photo by Dan Crawford

Cherie Rosemond, clinical assistant professor of physical therapy, shows Francis Pinnell an exercise to strengthen her back.

Back pain is a common complaint among older adults, but it is not an inevitable result of growing old.

"There are ways to prevent back pain in older adults and ways to manage it when it does occur," says Cherie Rosemond, clinical assistant professor in the Division of Physical Therapy.

"In people over 65, back pain is often caused by one of two conditions, spinal stenosis or osteoporosis," Rosemond says. "Spinal stenosis occurs as a result of typical changes of osteoarthritis that include boney overgrowth, degeneration of cartilage and enlargement of ligaments that compress nerves or the spinal chord. As a result of these changes, the patient may complain of lower back pain; leg pain, numbness or tingling; difficulty standing and walking; or morning stiffness. The symptoms tend to be eased with sitting and bending forward."

Patients who have this condition usually have a history of recurrent back pain that is progressively more severe and more difficult to resolve. They typically have sway-back posture, are unfit and have weak trunk muscles.

For acute management of spinal stenosis, Rosemond recommends that patients lie on their backs with their hips and knees bent to 90 degrees over a chair. "This is the most restful position for muscles of the back that may be in spasm," Rosemond says. She also recommends rubbing ice over the area for six minutes three times a day for three days. After three days, she recommends using moist heat to relieve the pain caused by muscles in spasm.

Once the acute phase of the condition has been handled, Rosemond says, patients should work to prevent recurrence through a general fitness program. "It's important to consult with a physical therapist to provide appropriate exercise to strengthen weak muscles and to stretch tight structures," Rosemond says. "Patients should focus on strengthening abdominal and back extensor muscles, and avoid backward-bending activities such as reaching overhead, standing for a long time, and movements that involve lifting and twisting."

Osteoporosis, another common cause of back pain in older adults, is more prevalent in women than in men.

"The typical patient is a post-menopausal Caucasian woman with a slight frame, who is unfit," Rosemond says. "Her posture is usually with the head forward and the upper back curved outward. Pain caused by osteoporosis usually improves when the patient lies down, stands or walks." Forward bending and rotation movements often aggravate the symptoms.

Experts think that pain from osteoporosis is caused by a fracture of the front portion of the bones of the spine. This causes the surrounding muscles to go into spasm and leads to pain in the middle back.

The best treatment for the early acute phase of back pain caused by osteoporosis is to rest in a prone position, to use a pillow for back support when sitting and to walk 10 minutes every hour, Rosemond said.

She also warns against getting too much bed rest because of back pain. "Bed rest causes 0.9 percent loss of bone mass in a week," Rosemond says. "People lose 27 percent of their fitness capacity in three weeks of bed rest. So it's important to avoid prolonged immobility."

The long-term approach to back pain caused by osteoporosis is to improve overall fitness, especially through weight-bearing activities such as walking or dancing. "There's something about the stress of weight-bearing activity that promotes increases in bone mass," Rosemond says. "Patients need to exercise 30 to 40 minutes non-stop three times a week to gain bone density of 5 to 10 percent over three years. That increase in bone density is very significant."

Those suffering from back pain related to osteoporosis should also be careful to maintain the normal curves in their back when they are changing positions, such as getting up and down from a chair or bed, or getting in and out of a car. And they should avoid bending forward and twisting.

"Back pain doesn't have to be accepted as a normal part of getting older," Rosemond says. "All of these recommendations can help prevent and treat disabling back pain in older adults." □ —*L.M.P.*

First Kidney-Pancreas Transplant

Photo by Don McKenzie

Jeffrey Fair, M.D., and his surgical team perform a transplant operation.

John "Ricky" Fail of Goldsboro knows the pain of living with diabetes. He also knows the joy of renewed health, thanks to a successful kidney and pancreas transplant performed in March at UNC.

Fail, the first kidney-pancreas transplant patient at UNC-CH, is free of diabetes and is back home with his wife and daughter.

"Except for medications and occasional clinic visits, he's living a normal life," says Jeffrey H. Fair, M.D., assistant professor of surgery and chief of abdominal transplantation services at the School of Medicine. "We're extremely pleased to see him doing so well."

"It's an incredible feeling," Fail says. "I feel human again. And I have more energy than I've had in several years."

Fail, 32, underwent the eight-hour combined procedure to combat life-threatening complications from long-term diabetes, the chronic disease in which the body fails to convert certain foods into energy. Approximately 7.2 million persons in the United States and 200,000 in North Carolina have the disease.

Fail was diagnosed with type I diabetes, the less common form of the disorder, when he was 13 years old. Ten to 15 percent of all diabetics have type I diabetes. The disease is usually diagnosed around puberty and is among the most serious of childhood illnesses.

People with type I diabetes have a pancreas that produces insufficient or no in-

sulin, the hormone that allows the body to store or use glucose. Glucose, a simple sugar carbohydrate, is the body's chief source of energy for cell metabolism. Without insulin, the level of glucose in the blood becomes abnormally high, causing excessive urination, constant thirst, urinary tract infections, yeast infections and recurrent skin infections.

Patients with diabetes feel weak and fatigued because the body's cells are not able to metabolize glucose. The cells are able to obtain some energy from the breakdown of stored fat, which results in weight loss. Long-term complications include damage to blood vessels, eyes, kidneys and the nervous system.

> "His pancreas is producing insulin, and his kidney is functioning properly."
>
> William F. Finn, M.D.

John Buse, M.D., Ph.D., associate professor of medicine and director of the diabetes program at UNC-CH, says that most people with diabetes can lead physically active and professionally challenging lives, but they cannot take their health for granted. "Early detection and treatment can make all the difference in the world," he explains. "But if the diabetes is not controlled, the complications can literally ruin a patient's life."

Fail knows from experience. Despite daily insulin self-injections and a restricted diet, he began having complications in 1986. In October 1992, his condition took a turn for the worse.

"My ankles and legs started swelling, and I felt nauseated in the morning," Fail says. "Then I became nauseated at night. I had no energy and slept at lunch to make it through the day."

Blood tests indicated Fail was suffering from end-stage kidney failure, a life-threatening condition brought on by his diabetes. Two weeks later, he began dialysis, a technique used to remove waste products from the blood and excess fluid from the body.

After talking to other transplant patients, he decided to have his name added to the transplant waiting list. During his 17-month wait, he underwent three hours of dialysis, three days each week. "It was a miserable experience," Fail recalls. "I felt like a vegetable on a machine. The pain wasn't bad, but I always felt weak afterward."

Fortunately, good news came for Fail before he experienced further complications. Fail received a new kidney and pancreas March 11. Now, more than six months after his surgery, he is recovering well and is completely free of diabetes.

"His pancreas is producing insulin, and his kidney is functioning properly," says William F. Finn, M.D., professor of medicine and medical director of the renal transplant program at the School of Medicine. "He's a very fortunate man."

Fair said that Fail's prognosis is excellent. "The one-year survival rate for patients with kidney-pancreas transplants is 97 percent," he says. "Pancreas transplantation has evolved from an experimental treatment to a safe procedure. As an adjunct to kidney transplantation, it is very effective in making patients like Ricky non-diabetic. It also greatly improves quality of life."

Fair, who came to UNC-CH in December, gained much of his experience in pancreas transplantation at Johns Hopkins University, where he was assistant professor of surgery and director of the pancreas transplant program. He also served a two-year fellowship in kidney and liver transplantation at Johns Hopkins Hospital, followed by a fellowship in pancreas transplantation at the University of Minnesota Hospital.

As director of abdominal transplantation at UNC-CH, he hopes to perform six to eight pancreas transplants each year. "Organ availability is the limiting step at this point," says Fair, a Charlotte native who completed medical school, an internship and general surgery residency at East Carolina University. "Still, I hope to get the word out to primary care physicians across North Carolina that patients who are good candidates for transplant don't have to go out of state. We've got a great program right here."

Fail agrees. "I couldn't be more pleased," he says. "The transplant has changed my life dramatically. Now I have the opportunity to watch my little girl grow up. I cut the grass, shop and will soon be returning to work. I feel like a human with new life." □

—V.A.G.

Photo by Greg Placina

Transplant patient Ricky Fail has a followup visit with Jeffrey Fair, M.D.

Faculty Notes

Marshall Edgell, Ph.D., Kenan professor of microbiology and immunology, received one of five 1994 North Carolina Awards. He was recognized for his work in molecular genetics and his role in creating the N.C. Biotechnology Center. The award, the state's highest civilian honor, was presented in October.

Edgell

Richard Jude Samulski, Ph.D., director of the Gene Therapy Center at the School of Medicine, has been nominated to a national committee to oversee new therapeutic protocols involving genetic material. The Recombinant DNA Advisory Committee (RAC) is part of the National Institutes of Health.

"This appointment is a substantial personal tribute to Dr. Samulski from the best scientists in this country. It obviously reflects well on our entire UNC scientific community, particularly on our outstanding programs in molecular biology and genetics," said Michael Simmons, M.D., dean of the medical school.

The RAC's primary objective is to ensure that new, unproven therapeutic protocols involving DNA are safe for use in humans. These protocols include gene therapy. The RAC committee comprises scientists, ethicists and laypersons, and meetings are open to the public.

The RAC also regulates and establishes guidelines for conducting research into therapeutic uses for DNA, ensuring that academic centers and research companies are consistent in their approaches.

W. Thomas Lawrence, M.D., is one of six UNC-CH faculty members named to endowed professorships to recognize overall excellence within their disciplines. He is the Ethel F. and James A. Valone distinguished professor of plastic and reconstructive surgery.

Lawrence, a School of Medicine faculty member since 1985, specializes in breast, aesthetic and general reconstructive surgery. He earned a medical degree at the University of Virginia and a master's in public health at Harvard.

The Valone professorship, designated for the chief of plastic and reconstructive surgery, was established this year with funds donated several years ago by James A. Valone, a Raleigh physician in plastic and reconstructive surgery, and his wife. Valone is a member of the board of directors of the Medical Foundation of North Carolina Inc.

Lawrence

Anna E. Waller, Sc.D., has been appointed research assistant professor in the Department of Emergency Medicine. She is an injury epidemiologist who will head the department's research program, heavily focused on injury surveillance, prevention and intervention. Waller also will be the liaison with the School of Public Health's Injury Prevention Research Center. She received her bachelor's degree in psychology at UNC and her doctorate at Johns Hopkins University, specializing in injury prevention.

Joseph Khoury, M.D., and John Freeman, M.D., have been appointed to the faculty of the Department of Surgery's urology division.

Khoury has been appointed associate professor of surgery and medical director of the urophysiology laboratory. His specialties include urodynamics, female reconstructive urology and urinary incontinence. He comes to UNC-CH from Georgetown University Medical Center, Washington, D.C.

Khoury

Freeman has been appointed assistant professor of surgery. He specializes in urologic oncology with research interests in prostatic carcinoma. Freeman previously was with the University of Southern California Medical Center, Los Angeles, CA.

Freeman

William Cance, M.D., chief of surgical oncology and assistant professor of surgery, and **Jeffrey A. Kuller, M.D.**, assistant professor of obstetrics and gynecology and director of reproductive genetics, have been awarded the 1994-95 Jefferson-Pilot Fellowships in Academic Medicine.

The award honors past research accomplishments and the future promise of teaching, service and clinical activities that will be performed or developed during the award period.

Samir M. Fakhry, M.D., associate director of trauma services in the Surgery Department of the School of Medicine, has received the 1994 James W. Wood Junior Faculty Award.

Fakhry

The $3,000 award is given each year to support research and scholarship based on past research accomplishments and future teaching, service and clinical activities that will be performed or developed during the award period.

Fakhry also is assistant professor of surgery, director of the surgical intensive care unit and chief of surgical critical care.

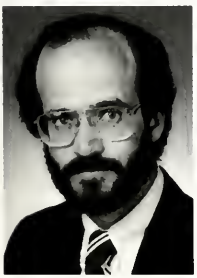
Three New Chairs Appointed

The UNC-CH board of trustees has appointed three new department chairs at the School of Medicine: Philip G. Boysen, M.D., anesthesiology; Robert N. Golden, M.D., psychiatry; and Michael Y. Lee, M.D., physical medicine and rehabilitation.

Boysen

Boysen came to UNC-CH from the University of Florida College of Medicine in Gainesville, where he was professor in the departments of anesthesiology and medicine. He also was chief, anesthesiology service, at the Veterans Medical Center in Gainesville. He received his M.D. from Loyola-Stritch School of Medicine in Chicago and did his internship at the Michael Reese Medical Center in Chicago and residencies in internal medicine and anesthesiology at the University of Florida College of Medicine in Gainesville.

Golden has been with the UNC-CH Department of Psychiatry since 1985. He was appointed professor of psychiatry in July. He has served as the director of both the clinical psychopharmacology research training program and the electroconvulsive therapy service, and is associate director of both the General Clinical Research Center and the Mental Health Clinical Research Center. He graduated from Boston University School of Medicine and completed his psychiatry internship and residency at UNC-CH.



Golden

Lee is UNC's first physiatrist, specializing in physical rehabilitation. Physiatrists work primarily with musculoskeletal and neuromuscular diseases and injuries. He was an assistant professor of physical medicine and rehabilitation at the University of Virginia School of Medicine in Charlottesville before his UNC-CH appointment. He earned his M.D. from the University of Illinois College of Medicine and did his residency at Northwestern University Medical School, Rehabilitation Institute of Chicago.

Lee

"These three physicians bring outstanding acclaim in teaching, research and clinical diagnosis to their respective positions," said Michael A. Simmons, M.D., dean of the medical school. "We are pleased to see Dr. Golden move into the psychiatry chairmanship, and to welcome Drs. Boysen and Lee to UNC."

Van Wyk Delivers 1994 Berryhill Lecture

Judson J. Van Wyk, M.D., Kenan professor emeritus of pediatrics and biology and an internationally known leader in endocrinology research, delivered the 1994 Norma Berryhill Distinguished Lecture on Oct. 18.

Van Wyk

The lecture is named in honor of Norma Berryhill who, along with her husband Reece Berryhill, M.D., former dean, contributed immeasurably to the development of the School of Medicine and its faculty. Each year, the lecture provides an important means to honor a particularly distinguished member of the School of Medicine faculty.

Van Wyk earned his M.D. from Johns Hopkins University and received postgraduate training in pediatrics at Johns Hopkins and at Cincinnati Children's Hospital. He joined the medical school faculty in 1955.

He is known worldwide for the significant advances he pioneered in the diagnosis and treatment of disparate human disorders, particularly growth abnormalities in children and adults. He also is known for his endocrinology training program. Many of its graduates are now leading endocrinology researchers and teachers. Of the 57 physician/scientists who have completed the training program here, at least 38 currently hold positions in academic medicine, and of these, 13 are division chiefs or department heads.

"That is what I am most proud of," says Van Wyk. "The training program has been the number one joy of my professional life."

Van Wyk emphasizes his career "has been focused on bringing basic science to the study of clinical problems." One of his colleagues, Floyd W. Denny, M.D., alumni distinguished professor of pediatrics and former chair of the department, acknowledges that Van Wyk is an "absolutely superb clinician" who has earned the devotion of countless patients. "To be a first-rate clinician, you need to be a scholar because the same kind of intellectual process goes into solving clinical problems and research problems."

Another colleague, Louis E. Underwood, M.D., professor of pediatrics and nutrition and director of endocrinology training in pediatrics, applauds Van Wyk's devotion to research. "He is one of the people who, over the years, has been most responsible for the medical school's strong commitment to research and for keeping it a high priority."

Denny adds, "Jud Van Wyk simply can't accept anything that isn't as good as it has the potential to be. He has been the department's unquestioned leader in research, and he has set the standard that every medical scientist hopes to attain."

News Briefs

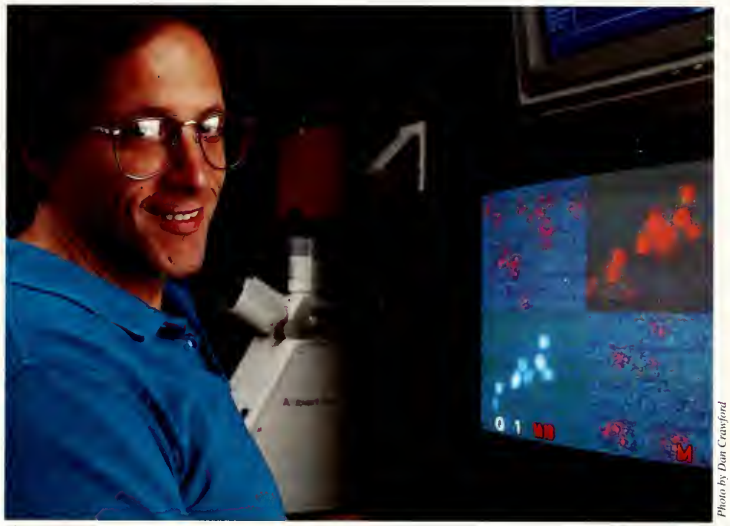


Photo by Dan Crawford

Cervical Cancer Research

Brian Herman, Ph.D., professor of cell biology and anatomy, uses a genetic probe attached to a fluorescent molecule to detect the human papillomavirus. He then uses a special microscope to look for the fluorescent probe and analyzes the images via computer. Herman and other investigators at UNC-CH are developing a new screening technique, which uses PAP smears, that may help detect cervical cancer, as well as identify women who are at high risk for developing it.

UNC, Carolinas Medical Center Announce Agreement

Patients who receive their cancer care at Carolinas Medical Center in Charlotte will have access to some of the most advanced research and treatment available, including bone marrow transplants, through an agreement with the UNC medical center. The agreement was announced Aug. 22 during a news conference in Charlotte.

Parties involved in the agreement are the Cancer Center at CMC, the Lineberger Comprehensive Cancer Center of the School of Medicine and UNC Hospitals, and the Area Health Education Centers (AHEC) Program.

"We are very pleased with this agreement," said Michael A. Simmons, M.D., dean of the School of Medicine. "It will provide our faculty with many opportunities to collaborate with the scientists at Carolinas Medical Center on the latest advances in cancer research and treatment."

Eric B. Munson, Hospitals executive director, described the new relationship as an "exciting partnership. We look forward to working with the Carolinas Medical Center physicians to provide the best care possible for cancer patients."

"The professional relations between oncologists and staff and our two institutions will grow as this agreement matures," said H. Shelton Earp III, M.D., deputy director of the Lineberger Center.

Pediatric Asthma Clinic Opens

Parents of children who cough, wheeze and have frequent chest colds now can get help from a new pediatric asthma clinic at UNC Hospitals. The clinic, open Thursday mornings from 8 a.m. to noon, provides comprehensive care for the young patients, most of whom are between the ages of 2 and 15.

David B. Peden, M.D., an allergist and assistant professor of pediatrics at the School of Medicine, noted the number of asthma patients is growing. "This may be the result of more exposure to indoor air pollution, outdoor pollution, and common allergies such as those to house dust mites and animal dander," he says.

For more information or to make an appointment, please call UNC HealthLink at 919-966-7890.

Holiday Cards Available

The annual Holiday Card Project is under way to fund programs for the emotional, educational and recreational needs of pediatric patients.

Last year's project raised $35,000. "These funds have enhanced the quality of life of our pediatric patients and have contributed to the comfort of family members during prolonged hospitalizations," said Marion Kalbacker, a pediatric social worker and chair of the Holiday Card advisory committee.

Kerr Drug is once again selling the cards in about 40 area stores. To purchase cards or volunteer with sales, please call Jane Haber at 1-800-842-6004.

Clinical Scholars Program Receives Renewal Grant

The nation's largest health foundation has awarded a two-year $351,527 renewal grant for the UNC-CH's Clinical Scholars Program, which offers research training to young physicians.

The Robert Wood Johnson Foundation will support three scholars at UNC-CH in its two-year training program through June 30, 1996. The program is based in the School of Medicine and is jointly sponsored by the Cecil G. Sheps Center for Health Services Research.

The principal investigator and chair of the program's advisory committee is Dean

Emeritus Stuart Bondurant, M.D., along with co-directors David F. Ransohoff, M.D., professor of medicine and epidemiology, and Gordon H. DeFriese, Ph.D., professor of social medicine, epidemiology, and health policy and administration, and director of the Sheps Center. More than 50 UNC-CH faculty representing 20 academic disciplines are involved with the program.

"This is the most important postgraduate fellowship program in the nation for physicians interested in clinical research and health-policy analysis," said Ransohoff. "We are extremely pleased that our schools of medicine and public health are so highly regarded that the Robert Wood Johnson Foundation decided to place this high-profile training program on our campus."

The UNC-CH program, which began in 1974, offers an intensive core curriculum in applying non-biological sciences to study issues in health-care policy and patient-care research. Development of clinical and health-policy research skills is the primary aim of the program, with the second year of training devoted to completion of a major research project.

The three scholars starting the two-year program are S. Tublu Chatterjee, M.D., an internist who completed her residency at The Mount Sinai Medical Center in New York City; Robert L. Cook, M.D., an internist who finished his residency at the University of Virginia; and Robin L. Hornung, M.D., a pediatric dermatologist who concluded her clinical residency at Duke University.

Housestaff Dedicates Parker Library

The house officers of the Department of Medicine recently named the Housestaff Library in memory of the late John Parker, M.D., who was Kenan professor of medicine. He was on the faculty for 26 years.

Parker is remembered for caring for cancer and blood disorder patients while maintaining an active research program. He was considered by the housestaff to be a dedicated teacher and role model.

The housestaff also planted a tree in Parker's memory designated with a plaque near the Clinical Cancer Center. The residents awarded Parker the Housestaff Teaching Award in 1993. Parker also was remembered and honored with a Distinguished Service Award from the UNC-CH Medical Alumni Association in April.

The John C. Parker Distinguished Professorship in Medicine is being developed through contributions as a permanent tribute to his career. The Medical Foundation continues to receive contributions toward the $1 million goal and currently has gifts totaling $513,000. An application has been made for a state matching grant of $167,000.

Gene Therapy Firsts Achieved for Parkinson's, Blood Disease

Two studies involving the School of Medicine provide evidence that gene therapy may help patients with Parkinson's disease and a blood disorder called Fanconi anemia.

The studies are reported, respectively, in the October issues of *Nature Genetics* and the *Journal of Clinical Investigation*.

"Our study of Parkinson's disease is the first demonstration that gene therapy with adeno-associated virus (AAV) safely can transfer and then express a normal gene in the brain," said R. Jude Samulski, Ph.D., director of the Gene Therapy Center at UNC-CH and associate professor of pharmacology. "This is a new delivery approach to gene transfer in the central nervous system.

"The study of Fanconi anemia also is the first demonstration that defective human cells that derive blood cells, called primary hematopoietic progenitor cells, can be corrected with gene therapy using this same viral carrier. This finding suggests that studies in humans are warranted," said Samulski, who also is a member of the UNC Lineberger Comprehensive Cancer Center and the program in molecular biology and biotechnology.

Technique Predicts Endometriosis

A new, non-surgical technique may easily predict the presence of endometriosis and likelihood of infertility, said a researcher at the School of Medicine. The research was reported in the August issue of the *Journal of Clinical Endocrinology and Metabolism*.

"We have identified a molecular marker that should allow us to predict accurately the presence of milder forms of endometriosis," said Bruce A. Lessey, M.D., assistant professor in the Division of Reproductive Endocrinology. The marker may help explain why women with some forms of endometriosis are infertile. Endometriosis is found in nearly 40 percent of infertile women.

"The presence of mild or minimal endometriosis often goes undetected, as many physicians are not trained to recognize subtle forms of this disease," Lessey explained. Other non-surgical strategies currently available are not useful for diagnosing mild forms of this disease. Only laparoscopy, a surgical procedure, has been used successfully.

The newly developed test is done using a sample of endometrial tissue obtained through the uterus in an outpatient procedure. The tissue is then examined for the marker.

This biochemical cell adhesion marker appears during the time in a woman's menstrual cycle that she is fertile. It is believed to be involved with implantation of the embryo.

"Defective Beta-3 expression may be the first menstrual cycle-specific abnormality identified within the window of implantation," Lessey said.

"UNC is the only institution in the country that is presently testing for this marker. Pending approval from the U.S. Food and Drug Administration, the test could be available in doctors' offices in two to three years and could become a routine part of a woman's annual check-up," he says.

The research was funded by the National Institutes of Health as part of the Women's Health Initiative.

Thurston Building Dedicated

Members of the Thurston family, medical center faculty and staff and university officials gathered Oct. 20 to dedicate the Doc J. Thurston Jr. Building. The new building houses the Thurston Arthritis Research Center, home to more than 50 faculty dedicated to solving the mysteries of arthritis.

"The opening of the Thurston Building accomplishes the critical consolidation of our researchers and our state-of-the-art laboratories in a single facility," said John Winfield, M.D., center director and chief of rheumatology and immunology at UNC-CH.

The 98,000-square-foot building is located on the corner of Manning Drive and Columbia St. Most of the seven-story structure houses laboratories that will be used to study rheumatologic disease.

Photo by Dan Crawford

UNC Mourns Long-Time AHEC Director

Eugene S. Mayer, M.D., director of the N.C. Area Health Education Centers (AHEC) program and associate dean of the School of Medicine of the University of North Carolina at Chapel Hill, died Nov. 2 after a short battle with cancer. He was 56. At press time, a public memorial service will be held Thursday afternoon, Dec. 1, in Chapel Hill.

"North Carolina has lost a remarkable health care leader in Gene Mayer," said UNC-CH Chancellor Paul Hardin. "Through his efforts, AHEC became a unique and widely admired national model for decentralized health sciences education. Gene helped the program grow to exemplify Carolina's mission of public service and our campus-wide goal of improving the quality of life in North Carolina. Chapel Hill and North Carolina are better places because of him."

Founded in 1972 at UNC, the AHEC program is a partnership among the state's four academic medical centers, community hospitals and health professionals across the state. The program provides community-based clinical training for student physicians, dentists, nurses and others.

Mayer had served as director of AHEC since 1978 and on the UNC-CH faculty since 1971. He held faculty positions as professor of family medicine and medicine, and was a research associate with the Sheps Center for Health Services Research.

"No one knew North Carolina better, nor served its citizens more effectively, than Gene Mayer," said Michael A. Simmons, M.D., dean of the School of Medicine. "His commitment to public service was extraordinary. As associate dean at the School of Medicine, he provided invaluable advice and counsel. We will miss him greatly."

H. Garland Hershey, D.D.S., vice chancellor for health affairs, said, "Gene Mayer, among our state's best-known health care professionals, has had a positive impact on every aspect of our university over the last 20 years. What he means to Carolina goes far beyond the AHEC program and the School of Medicine; his innovative work helped nurture academic programs throughout the entire Division of Health Affairs. Also important campus-wide was Gene's role as vice chair of a panel that helped shape early plans for the for the bicentennial fund-raising campaign."

Mayer received his bachelor's degree in science from Tufts University and his medical degree from Columbia University. He received his master's degree in public health from the Yale University School of Medicine and was certified in general preventive medicine by the American Board of Preventive Medicine.

"Gene Mayer's untimely death will leave a large gap in the health leadership in North Carolina," said Ron Levine, state health director. "He had the ability to work comfortably with all health disciplines — academia, physicians, hospitals and public health. We are all better off because of his skills and for his dedication to making better health a reality for all North Carolinians."

"Thousands of North Carolinians have access to better health care as a result of AHEC," said Stuart Bondurant, M.D., dean emeritus of the School of Medicine. "Gene gave two decades of superlative, creative leadership to AHEC, the School of Medicine and the people of this state."

UNC President Emeritus William C. Friday said, "Gene Mayer was a pioneering spirit who took medical care to those citizens in areas where none existed. A national figure in area health care, his splendid leadership will be sorely missed. All of us privileged to be his friends were indeed fortunate."

Mayer was a diplomate of the National Board of Medical Examiners and a fellow of the American College of Preventive Medicine. He also was active in the American Medical Association, the Association of American Medical Colleges, the National Organization of AHEC Program Directors, the Royal Society of Medicine, the N.C. Medical Society and the N.C. Institute of Medicine.

At the School of Medicine, he was involved in many committees, including the Institute for the Generalist Physician Executive Committee, Health of the Public Executive Committee and the Dean's Advisory Committee.

His career in public service began in 1965, when he began a three-year stint with the U.S. Public Health Service. During that time, he served as chief staff physician for the Peace Corps in Ankara, Turkey, and in Washington, D.C., as Peace Corps regional medical officer for the West African Programs.

Mayer is survived by his wife, Jill Byerly Mayer, and a daughter, Erica Mayer, both of Chapel Hill; his mother, Elizabeth Mayer of Toms River, NJ; a brother, Richard Mayer of Port Washington, NY; two nieces and one nephew.

Memorial contributions may be made to the Medical Foundation of North Carolina for the Eugene S. Meyer Fellowship Fund.

Scholarships Encourage Primary Care Practice

"Primary care providers are pretty much what I see a doctor being," says Pansy Vázquez-Kendra. "They don't mind making house calls, and they take care of the whole person when patients are sick and when they are well.

For that reason, Vázquez-Kendra, a fourth-year medical student from Puerto Rico, says that she wants to combine internal medicine and psychiatry, and to concentrate in geriatric care. A recent scholarship from the Medical School Alumni Loyalty Fund will help her accomplish her goals. Vázquez-Kendra received one of nine Loyalty Fund scholarships designated for fourth-year students committed to careers in primary care.

Pansy Vázquez-Kendra

This year, the Loyalty Fund provided $2,500 scholarships to 35 medical students and two $1,000 scholarships to medical allied health students. In addition to the nine fourth-year generalist scholarships, 15 merit awards are designated for first-, second- and third-year medical students who have achieved highest honors in their course work. Five four-year awards are given to first-year students based on academics, leadership, community service and financial need. Two of these five are designated for minority students. And three second-year and three third-year students are awarded scholarships based on academics, leadership, community service and financial need.

"The scholarship selection committee looks for students who show evidence of being future leaders as physicians and alumni," says William Easterling, M.D., associate dean for continuing medical education and alumni affairs. "One of our goals in awarding scholarships is to support the generalist initiative by encouraging more students to go into primary care. And while this is a priority, we also recognize the need for specialists."

"With the cost of medical education constantly on the rise, the School of Medicine relies more heavily on alumni support to continue providing quality professional training," says John Foust, M.D. '55, national chair of the Loyalty Fund. "The Loyalty Fund offers alumni a way to express their appreciation for their medical school experience and provides unrestricted income to support a variety of student, faculty and alumni programs, including scholarships."

While scholarship availability may influence a medical student's career choice, a School of Medicine study found that service orientation prior to and during medical school is also a strong indicator of whether a student will pursue a generalist career. Michael Armstrong from Tarboro, who is among the first-year medical students receiving four-year scholarships, exemplifies the findings of that study. In addition to being a Morehead scholar and a tight end on the Carolina football team, Armstrong coached basketball for 12- to 14-year-old boys, served as parliamentarian for the student congress, was a member of Students for the Advancement of Race Relations and regularly visited pediatric patients in the hospital during his undergraduate years.

Michael Armstrong

Although he is just beginning his medical training, he expresses an interest in pediatrics or obstetrics and gynecology.

"I want to stay in North Carolina to practice close to home," Armstrong says. "I really want to be around people and to have contact with patients. In primary care, I'd be satisfied that all of the hard work of medical school was worth it.

"I'm really thankful for the scholarship," Armstrong says.

For Vázquez-Kendra, the scholarship provides more than just financial support. "The scholarship makes me very proud," she says. "It helps financially, and maybe in a way, it's told me I'm going in the right direction." □ —*L.M.P.*

Loyalty Fund Scholars 1994-95

First Year
- Don M. Armstrong, Tarboro, NC
- Cathleen M. Callahan, Boone, NC
- Brian M. Shelley, New York, NY
- Kimberly R. Singletary, Chapel Hill, NC
- Stacie J. Zelman, Chapel Hill, NC

Second Year
- Michael L. Batten, Garner, NC
- Debbie A. Brown, Philadelphia, PA
- Anne E. Hillman, Lynchburg, VA

Third Year
- Gwendolyn O. Gibson-Frasier, Long Beach, CA
- Dain E. Vines, Greensboro, NC
- Letitia P. Kinloch, Chagrin Falls, OH

Fourth Year
- John D. Barbe, Laurel, MD
- Joshua E. Bernstein, Burnsville, NC
- Carol M. Gibbs, Asheville, NC
- Elisabeth A. Kahl, Winston-Salem, NC
- Katherine B. Meadows, Winston-Salem, NC
- Amanda I. Slater, Charlotte, NC
- Pansy Vázquez-Kendra, Durham, NC
- Kelly M. Waicus, Moorestown, NJ
- Deidra E. Woods, Moorestown, NJ

Medical Allied Health
- Penny Small, Raleigh, NC
- Ann P. Woody, Asheville, NC

Loyalty Fund Merit Award Recipients 1994-95
- Mark T. Dransfield, Greensboro, NC
- Jeffery D. Smith, Cary, NC
- Dawn E. Kleinman, Bronx, NY
- David P. Miller Jr., Madison, NJ
- Monica Lynn Piecyk, Sewickley, PA
- Paul R. Chelminski, Norwalk, CT

Continued Loyalty Fund Scholars *(Second year of four-year scholarship)*
- Andrea L. Decsi, Charlotte, NC
- Robert C. Miller, Shelby, NC
- Julia K. Nelson, Guymon, OK
- William G. Pittman, Windsor, NC
- Jennifer K. Stoddard, Raleigh, NC

Admissions Committee Looks for 'Something Different'

Photo by Dan Crawford

Admissions committee members discuss the final composition of the Class of '98. Clockwise from left are Elizabeth Mann, M.D., chair (with hand raised); Gregory Strayhorn, M.D.; John Watters, M.D.; Don Madison, M.D.; Herbert Cooper, M.D.; Arnold Tein, M.D.; and Sandra Lemons, committee secretary.

By Katharine C. Neal

The admissions committee for the School of Medicine had an embarrassment of riches when considering candidates for the Class of '98.

"We received slightly more than 1,000 North Carolina applications, the most in-state applications we've ever received," says Elizabeth Mann, M.D., associate dean for admissions and chair of the committee. "That's 100 more than the year before, and nearly 300 more than 1992." The total number of applications was 3,400.

The committee interviewed about 800 of the in-state candidates and made 200 offers to North Carolina residents to fill 140 of 160 spaces. The remaining 20 spaces were offered to out-of-state residents. The resulting Class of '98 comprises 150 North Carolina residents and 10 out-of-state students.

"Having so many applications allowed us to look for something a little different this year," Mann explains. "We still looked for academic qualifications, but we also kept in mind the North Carolina General Assembly's mandate to graduate more physicians who plan to go into primary care."

This year, results of a study conducted by admissions committee members Don Madison, M.D., Social Medicine; Peter Gilligan, Ph.D., Microbiology; and Mann helped guide the committee [See accompanying story.] Members looked closely at all premedical student data, including students' community and public service activities. Such activities, the study indicates, show a strong correlation with subsequent careers in primary care.

"The candidate characteristics we looked at — service, compassion, caring — are the characteristics most people like in others," Mann says.

At first, Mann admits, she was a bit reluctant to let it be known that community ser-

vice was becoming more important to the committee. "Then we thought, 'It's OK if people know that.' If we encourage service, it would be a good thing."

Besides, she says, a truly strong service orientation is hard to fake. "You don't join the Peace Corps to pad your resume," she says, laughing. "It's too much hard work." She adds that the essay and interview help committee members "tell a 'dabbler' from someone who is seriously committed to service."

During the lengthy applicant review and interview process, Mann says, each committee member brings something different. For example, John "Jack" Watters, M.D. '50, adds a historical perspective. He attended the School of Medicine when it was a two-year program, then went on to serve on the first Housestaff at then-N.C. Memorial Hospital in 1952.

When evaluating a candidate, Watters says, committee members "have to take everything into consideration — service work, breadth and depth of educational exposure, SATs, MCATs, GPA." But he also notes the importance of the candidates' "ability to communicate, to express themselves."

He takes a personal approach when considering a candidate's qualifications. "I ask myself, 'Would I like this person sitting next to me in a medical school class? Would I be proud of this student?' "

Both Watters and Mann enjoy working with the committee to select the best candidates. While Watters is a relatively new committee member, Mann has been working with the group since 1978. She took over as chair in July 1991 from William Bakewell, M.D., psychiatry.

"I inherited a very even-handed, careful process," she says. It is a process she finds "fascinating."

She believes having alumni like Gregory Strayhorn, M.D. '77, and Watters involved is very important. "They bring an understanding of the institution and an awareness of the world, of the changes that have occurred over the years."

After a breather in the summer, committee members already are hard at work on the Class of 1999. And, while committee members seek candidates who will help meet the General Assembly's mandate to graduate 60 percent of the class in primary care, Mann emphasizes they also look carefully at all candidates. "We are looking for those who show unusual promise to make important contributions to medicine and society," including those who are interested in research, specialities and technical fields.

But there, too, an interest in community service is important. "Even if they don't become primary care physicians, those with an interest in serving people will become caring physicians," she says. "If you're going to be studying a specific disease or class of diseases as an academic physician, it makes sense to take care of patients with that disease. Those experiences in medical school are very important."

Thousands of hours of interviews after she first became chair of the committee, Mann still finds the work "exciting." But she finds the process much more difficult now because of the large number of highly qualified people applying to medical school.

"We have the opportunity to make the best choices, but it is very painful to those not chosen who are good enough," she says. "We're looking for those who are academically strong and who are the right kind of human beings," she adds. □

Study Links Public Service, Primary Care

How do you know whether a medical student actually will go into primary care? A study conducted by Donald A. Madison, M.D., UNC-CH professor of social medicine, and fellow admissions committee members Elizabeth Mann, M.D., and Peter Gilligan, Ph.D., holds some clues.

The study looked at the 1985 graduating class of the School of Medicine. Factors evaluated included college grades and course selection, standardized test scores, socioeconomic backgrounds, race, gender, age of matriculation and activities during and after college.

"What really stuck out from the data was a strikingly strong correlation between service orientation and a generalist physician career," says Madison, who directed the study. "Public service was the strongest predictor of all the variables we considered."

The study found 72 percent of those scoring the highest in the service index scale — 20 percent of the class — subsequently became primary care doctors.

Another, but less strong, predictor of a generalist career was a broad academic background, with a high number of courses in the traditional liberal arts.

The study's conclusions, Madison says, confirmed what many admissions officers have felt intuitively.

"Like many other medical schools, we already valued service as a good thing," he says. "But now we can be more confident in giving it more emphasis in the overall admissions equation."

The study was published in the October issue of *Academic Medicine*. □

Highlights, Class of '98

In-state students: *150*
Out-of-state students: *10*
Average age: *24*
Percent women/men: *50/50*
Percent minorities: *15*

Top three undergraduate schools:
UNC-CH (39 percent)
Duke (10 percent)
N.C. State (6 percent)

Top three undergraduate majors:
Biology (39 percent)
Chemistry (10 percent)
Psychology (8 percent)

Admissions Committee Members, 1993-94

Herbert Cooper, M.D., *Pediatric Hematology*
Jo-David Fine, M.D., *Dermatology*
Peter Gilligan, Ph.D., *Microbiology*
Jean Handy, Ph.D., *Microbiology*
Robert Huntley, M.D.
J. Kempton Jones, M.D.
Kenneth Levin, M.D., *Anesthesiology*
Don Madison, M.D., *Social Medicine*
Elizabeth Mann, M.D., *Anesthesiology (Chair)*
Michael Mill, M.D., *Cardiothoracic Surgery*
Marion Phillips, D.Mn., *Minority Recruitment*
Marjorie Read, Ph.D., *Pathology*
Charles Sheaffer, M.D.
Gregory Strayhorn, M.D. '77, *Family Medicine*
Arnold Tein, M.D., *Urology*
John Watters, MD. '50, *Housestaff '52*

Development Notes

Loyalty Fund Goals Set

More alumni participation is the focus of the 1994-95 Loyalty Fund Campaign, ending June 30.

"We are emphasizing participation in our Loyalty Fund Campaign," said John W. Foust, M.D. '55, national Loyalty Fund chair. "We hope to increase the number of alumni participating to 35 percent (1,575 gifts) and increase giving at the associate level ($1,000+) to 265 donors. After a careful needs analysis, the dollar goal for the Loyalty Fund this year is $515,000."

Last year's campaign resulted in 34 percent alumni participation, 258 associates and a total of $494,000 received.

"There has been a tremendous response to the Loyalty Fund appeals from our alumni during the past four to five years," said Foust. "But I am still surprised at the level of participation. I'd really like to see it at least 50 percent. I really can see no reason that an alumnus of this institution cannot give something every year."

Medical Alumni Association President Robert E. Sevier, M.D. '66, agrees. "The recent growth in the Loyalty Fund has been truly phenomenal. Since John started working with the fund in 1989-90, the annual giving to the fund has increased by more than 750 percent. In fact, the $1.25 million given to the Loyalty Fund during the last three years is higher than the total giving to the fund for the 25 years prior to the 'Foust era.' But despite all of these accomplishments, I share John's disappointment that the participation rate is only 34 percent, and I would like to see that improve. I think the continued emphasis on reunion, county and regional campaigns will help that."

Reunion campaign chairs are John Foust, '55; Bud Harper, '60; Gordon LeGrand, '65; Jim Sloan, '70; Mike Meriwether and Wade Moser, '75; and Ted Kerner, '85. Paul Bowman will chair the fourth-year student campaign. County campaign chairs are Zeb Weaver, Buncombe; Hugh Bryan, Cumberland; Carl Phipps, Forsyth; Otis Fisher and Shahane Taylor, Guilford; Chuck Edwards, Mecklenburg; Jim Hundley and Jim Sloan, New Hanover; and Mary Susan Fulghum, Wake. George Cox is chairing the Atlanta campaign.

Somers Fund To Enhance Admissions

Earl E. Somers, M.D.

A fund has been established in memory of the late Earl E. Somers, M.D., who was a longtime member of the admissions committee and a clinical professor of psychiatry at the School of Medicine. The fund, which has reached the half-way mark toward its $43,000 goal, will be used to renovate the School of Medicine admissions room and establish a permanently endowed scholarship. The Dr. Earl Somers Medical Admissions Room, on the first floor of MacNider Hall, will have new carpeting, ceiling, paint, draperies, furniture, book cases, a plaque and a portrait of Somers.

"We believe this is an appropriate, indeed inspirational, way to acknowledge and honor the many achievements and memory of our dear friend, Earl," said Christopher C. Fordham III, M.D., who is a member of the committee that established the Earl Somers Memorial Fund. "He was a great physician and a genuine friend to many throughout North Carolina and beyond."

Somers was in private practice with Psychiatric Associates of Chapel Hill and was on the medical staff of UNC Hospitals. A native of Burlington, Somers attended UNC-CH and earned his medical degree from Duke University.

Those interested in making contributions to the Somers Memorial Fund should call Jim Copeland at the North Carolina Medical Foundation Inc. at 919-966-1201.

Entrepreneur Funds Multiple Sclerosis Research

A 1941 graduate of Carolina's business school who forged a successful career manufacturing plastics has made a generous commitment to the School of Medicine to fund multiple sclerosis research.

Robert Z. Lerner has established a charitable remainder trust that will benefit the Department of Neurology of the School of Medicine upon his death. The current value of the trust is just under $2 million.

Lerner, who grew up in Westchester, NY, said one of his high school classmates told him about Carolina, and a visit to the campus clinched his decision to come here. "I remember how beautiful the campus was," he said. "That made quite an impression on me."

As a freshman, Lerner was an offensive lineman for the Tar Heel football team.

After graduating and spending four years in the Air Force, Lerner returned to New York where he founded Lerner Manufacturing, Pentagon Plastics and Tappentown Realty. He owned and ran several factories, manufacturing a variety of plastic products, including coat hangers and storage boxes that he shipped across the country and the world.

"I think my education gave me the background I needed to become a successful entrepreneur," he said. "The market for plastics was growing in those years, and the businesses were quite successful, employing as many as 500 people at their peak."

Lerner sold the companies in 1970 and moved to Boca Raton, FL, where he and his late wife actively supported medicine by helping to fund the building of a local hospital.

Lerner, who has multiple sclerosis, says he hopes money from the trust will benefit others with the disease. "There is still so much we don't know about MS. I hope my gift will add to our body of knowledge," he said.

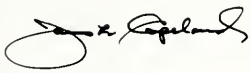
Report to Donors

With your help, we have recorded another year of positive growth in support of UNC medical and hospital programs through The Medical Foundation of North Carolina, Inc.

Alumni giving continues to set a challenging pace and example for others. Last year, total alumni contributions were just under $1.25 million. Unrestricted gifts totaled more than $494,000. Most important of all is that one out of every three alumni from the medical school made a Loyalty Fund contribution, including 258 graduates who contributed $1,000 or more at the Loyalty Fund Associate level.

We hope that you were among those who contributed and that you will make this important support an annual priority. If you missed giving this year, please consider a contribution today. It will be appreciated and wisely used.

Alumni financial support is making opportunities for sustained excellence in our teaching, student programs and research efforts. Thank you for your participation and the many ways you assist your school.



James L. Copeland
President
The Medical Foundation of
North Carolina, Inc.

Honor Roll of Donors

$1,000-$9,999 donors are printed in bold.
$10,000 or more are printed in bold italics.

CLASS OF 1919
Number in class: 2
Percent donors: 50%
Verne S. Caviness, M.D., Raleigh, NC

CLASS OF 1925
Number in class: 4
Percent donors: 25%
Herman F. Easom, M.D., Wilson, NC

CLASS OF 1926
Number in class: 3
Percent donors: 33%
Forest M. Houser, M.D., Cherryville, NC

CLASS OF 1928
Number in class: 4
Percent donors: 50%
James F. Crumpler, Sr., M.D., Raleigh, NC
Zack D. Owens, M.D., Elizabeth City, NC

CLASS OF 1929
Number in class: 2
Percent donors: 100%
Vance T. Alexander, M.D., Davidson, NC
David A. Young, M.D., Raleigh, NC

CLASS OF 1930
Number in class: 8
Percent donors: 13%
Rufus R. Little, M.D., Ho Ho Kus, NJ

CLASS OF 1931
Number in class: 9
Percent donors: 11%
J. Allen Whitaker, M.D., Rocky Mount, NC

CLASS OF 1932
Number in class: 13
Percent donors: 38%
David L. Avner, M.D., Greensboro, PA
John H. Dougherty, Sr., M.D., Fairfield Glade, TN
Mary Margaret McLeod, M.D., Lubbock, TX
George P. Rosemond, M.D., Lancaster, PA
Robert E. Stone, M.D., Evanston, IL

CLASS OF 1933
Number in class: 6
Percent donors: 50%
Paul H. Rhodes, M.D., Denver, CO
Arthur F. Toole, M.D., Talladega, AL
James Watt, M.D., Norfolk, VA

CLASS OF 1934
Number in class: 13
Percent donors: 38%
Archie L. Barringer, M.D., Mount Pleasant, NC
William M. Benzing, Jr., M.D., Tulsa, OK
June U. Gunter, M.D., Durham, NC
Carl Pigman, M.D., Whitesburg, KY
Thomas C. Worth, M.D., Raleigh, NC

CLASS OF 1935
Number in class: 6
Percent donors: 33%
Eugene B. Cannon, M.D., Asheboro, NC
Julien H. Meyer, M.D., Roanoke, VA

CLASS OF 1936
Number in class: 14
Percent donors: 29%
Robert M. McMillan, M.D., Raleigh, NC
Otto Selick Steinreich, M.D., Akron, OH
Laura R. Venning, M.D., Chapel Hill, NC
Annie Louise Wilkerson, M.D., Raleigh, NC

CLASS OF 1937
Number in class: 11
Percent donors: 27%
Elizabeth J. Dotterer, M.D., Sanford, NC
W. Skellie Hunt, Jr., M.D., Wilmington, NC
Arthur I. Sims, M.D., Arlington, VA

CLASS OF 1938
Number in class: 12
Percent donors: 42%
Olivia Abernethy, M.D., Winston-Salem, NC
Thomas W. Crowell, M.D., Bellingham, WA
John C. Grier, Jr., M.D., Pinehurst, NC
Horace H. Hodges, M.D., Charlotte, NC
James R. Wright, M.D., Raleigh, NC

CLASS OF 1939
Number in class: 14
Percent donors: 43%
D. Houston Buchanan, Jr., M.D., Denver, CO
Jesse B. Caldwell, Jr., M.D., Gastonia, NC
Ben F. Fortune, M.D., Greensboro, NC
Max M. Novich, M.D., Edison, NJ
Edwin A. Rasberry, Jr., M.D., Wilson, NC
Thomas G. Thurston, II, M.D., Salisbury, NC

CLASS OF 1940
Number in class: 25
Percent donors: 36%
Phil L. Barringer, M.D., Monroe, NC
Inez W. Elrod, M.D., Charlotte, NC
Robert E. Kirkman, M.D., Miami, FL
H. Lee Large, Jr., M.D., Charlotte, NC
French H. McCain, M.D., Bloomfield Hills, MI
Hugh H. McFadyen, M.D., Tuscon, AZ
Lawrence E. Metcalf, M.D., Asheville, NC
George B. Patrick, Jr., M.D., Silver Spring, MD
John H. E. Woltz, M.D., Charlotte, NC

CLASS OF 1941
Number in class: 21
Percent donors: 29%
Marcus L. Aderholdt, Jr., M.D., High Point, NC
Robert M. Hall, M.D., Raleigh, NC
C. Lowry Pressly, M.D., Charlotte, NC
Foyell P. Smith, M.D., Thomasville, NC
Frederick L. Tunick, M.D., Neponsit, NY
Carlton G. Watkins, M.D., Charlotte, NC

CLASS OF 1942
Number in class: 27
Percent donors: 41%
Jerry H. Allen, Jr., M.D., Springfield, MO
Frederick A. Blount, M.D., Winston-Salem, NC
O. Watts Booth, M.D., Newport News, VA
James E. Davis, M.D., Durham, NC
Hillard Gold, M.D., Miami Beach, FL
H. William Harris, M.D., Garden City, NY
John F. Lynch, Jr., M.D., High Point, NC
John H. Miller, M.D., Bartow, FL
James D. Piver, M.D., Emerald Isle, NC
William Tenenblatt, M.D., Bethesda, MD
R. Bertram Williams, Jr., M.D., Wilmington, NC

CLASS OF 1943
Number in class: 49
Percent donors: 29%
Truett V. Bennett, M.D., Oriental, NC
John R. Chambliss, Jr., M.D., Rocky Mount, NC
David S. Citron, M.D., Charlotte, NC
James R. Collett, M.D., Morganton, NC
James B. Greenwood, Jr., M.D., Charlotte, NC
William F. Hutson, M.D., Northbrook, IL
George L. Jordan, Jr., M.D., Houston, TX
Sarah T. Morrow, M.D., Raleigh, NC
S. Malone Parham, M.D., Henderons, NC
David A. Rendleman, M.D., Salisbury, NC
Frank R. Reynolds, M.D., Wilmington, NC
James H. Shell, Jr., M.D., Baltimore, MD
Kenneth W. Wilkins, M.D., Goldsboro, NC
Kenan B. Williams, M.D., Sanford, NC

CLASS OF 1944
Number in class: 32
Percent donors: 75%
Leon A. Adams, M.D., Oxford, MD
Robert J. Andrews, M.D., Wilmington, NC
J. Vincent Arey, M.D., Concord, NC
Joseph W. Baggett, M.D., Fayetteville, NC
Hilda H. Bailey, M.D., Salisbury, NC
Earl E. Correll, M.D., Kannapolis, NC
Harry D. Cox, M.D., Portsmouth, VA
John W. Davis, M.D., Hickory, NC
Herman L. Earnhardt, Jr., M.D., Fredericksburg, VA
J. Stuart Gaul, Jr., M.D., Charlotte, NC
James H. Hawkins, Sr., M.D., Alamance, NC
Francis P. King, Sr., M.D., New Bern, NC
Allen H. Lee, M.D., Selma, NC
Isaac V. Manly, M.D., Raleigh, NC
Clarence M. Miller, Jr., M.D., Sewickley, PA
George D. Penick, M.D., Wilmington, NC
Charles A. Speas Phillips, M.D., Pinehurst, NC
William E. Rabil, M.D., Winston-Salem, NC
Robert R. Rascoe, Jr., M.D., Philadephia, PA
William L. Ross, Jr., M.D., Kensington, MD
Charles F. Scarborough, Jr., M.D., Star, NC
J. Mitchell Sorrow, Jr., M.D., Chapel Hill, NC
Morton P. Svigals, M.D., New York, NY
Charles W. Tillett, M.D., Charlotte, NC
J. Taylor Vernon, M.D., Morganton, NC

CLASS OF 1945
Number in class: 31
Percent donors: 32%
G. Walker Blair, Jr., M.D., Burlington, NC
A. Robert Cordell, M.D., Winston-Salem, NC
J. Hicks Corey, Jr., M.D., Chattanooga, TN
Courtney D. Egerton, Jr., M.D., Blowing Rock, NC
Grafton C. Fanney, Jr., M.D., Euclid, OH
J. H. Smith Foushee, M.D., Winston-Salem, NC
Harold L. Godwin, M.D., Fayetteville, NC
Weldon H. Jordan, M.D., Fayetteville, NC
John H. Monroe, M.D., Winston-Salem, NC
Ferdinand F. Szabo, M.D., Benton, PA

CLASS OF 1946
Number in class: 34
Percent donors: 56%
Ira A. Abrahamson, Jr., M.D., Cinncinnati, OH
Jules Amer, M.D., Denver, CO
Walter C. Barnes, Jr., M.D., Texarkana, TX
Crowell T. Daniel, Jr., M.D., Fayetteville, NC
Robert V. Dutton, M.D., Houston, TX
Mary A. V. Fox, M.D., Mount Desert, ME
G. Denman Hammond, M.D., Pasadena, CA
Luther W. Kelly, Jr., M.D., Charlotte, NC
Robert S. Lackey, M.D., Charlotte, NC
J. Edward McKinney, M.D., Chattanooga, TN
Virginia S. Ronk, M.D., Lansdowne, PA
William G. Sanford, M.D., Winston-Salem, NC
Peter S. Scott, M.D., Burlington, NC
William E. Sheely, M.D., Alexandria, VA
H. Frank Starr, Jr., M.D., Greensboro, NC
David G. Stroup, M.D., Savannah, GA
Arthur R. Summerlin, Jr., M.D., Raleigh, NC
John E. Weyher, M.D., Topsail Beach, NC
Thomas E. Whitaker, II, M.D., Greenville, SC

CLASS OF 1947
Number in class: 20
Percent donors: 30%
Calvin C. Mitchener, M.D., Charlotte, NC
Thomas R. Newitt, M.D., San Diego, CA
J. Lloyd Pate, M.D., Hope Mills, NC
Erle E. Peacock, Jr., M.D., Chapel Hill, NC
C. Roy Rowe, Jr., M.D., Statesville, NC
Harry G. Walker, M.D., Statesville, NC

CLASS OF 1948
Number in class: 30
Percent donors: 37%
Robert R. Aycock, M.D., Saint Helena, CA
Verna Y. Barefoot, M.D., New Bern, NC
William S. Cheek, Sr., M.D., Spartanburg, SC
Tyndall P. Harris, M.D., Chapel Hill, NC
Edwin P. Hiatt, M.D., Wilmington, OH
Louis T. Kermon, M.D., Raleigh, NC
Julius A. Mackie, Jr., M.D., Bryn Mawr, PA
Joyce H. Reynolds, M.D., Kernersville, NC
Shirley L. Rivers, M.D., Tucson, AZ
James E. Williams, Jr., M.D., Fresno, CA
Daniel T. Young, M.D., Chapel Hill, NC

CLASS OF 1949
Number in class: 40
Percent donors: 20%
Hoke V. Bullard, Jr., M.D., Wilson, NC
Christopher C. Fordham, III, M.D., Chapel Hill, NC
F. Sidney Gardner, Jr., M.D., Fayetteville, NC
Charles F. Melchor, Jr., M.D., Myrtle Beach, SC
Edwin W. Monroe, M.D., Greenville, NC
Rose Pully, M.D., Kinston, NC
Arthur C. Quackenbush, M.D., Bayshore, NY
Maxine D. Wallace, M.D., Oakland, CA

CLASS OF 1950
Number in class: 43
Percent donors: 35%
Gertrude A. Bales, M.D., Rochester, NY
Frederick O. Bowman, Jr., M.D., Chapel Hill, NC
Jack O. Carson, M.D., Grifton, NC
David E. Graham, M.D., Matthews, NC
Lewis B. Hardison, M.D., Fayetteville, NC
Joel B. Huneycutt, M.D., Lake Wylie, SC
George Johnson, Jr., M.D., Chapel Hill, NC
Benjamin H. Josephson, M.D., Basking Ridge, NJ
William S. Joyner, M.D., Chapel Hill, NC
Laurence B. Leinbach, M.D., Winston-Salem, NC
Dan A. Martin, M.D., Madisonville, KY
Glenn D. Moak, M.D., Indianapolis, IN
James H. Peedin, Jr., M.D., Burgaw, NC
Eugene B. Sharpe, M.D., Asheville, NC
Belk C. Troutman, M.D., Grifton, NC

CLASS OF 1951
Number in class: 40
Percent donors: 28%
Luther L. Anthony, Jr., M.D., Gastonia, NC
William B. Blythe, II, M.D., Chapel Hill, NC
Baxter H. Byerly, M.D., Tallahassee, FL
William A. Futch, M.D., Conyers, GA
John C. Herion, M.D., Chapel Hill, NC
Harold C. Lane, M.D., Rutherfordton, NC
Karl L. Lawing, M.D., Lincolnton, NC
Luther W. Oehlbeck, Jr., M.D., LaBelle, FL
Corbett L. Quinn, M.D., Magnolia, NC
G. Robert Smith, Jr., M.D., Shawsville, VA
Edward Y. C. Thorne, M.D., Wilson, NC

CLASS OF 1952
Number in class: 7
Percent donors: 14%
Charles H. Powell, M.D., Daytona Beach, FL

CLASS OF 1954
Number in class: 35
Percent donors: 23%
Paul H. Brigman, M.D., Trinity, NC
Leon K. Cowan, M.D., Wilson, NC
Charles B. Fulghum, Jr., M.D., Atlanta, GA
James C. Parke, Jr., M.D., Charlotte, NC
Cornelius T. Partrick, M.D., Washington, NC
Clifton L. Quinn, M.D., Raleigh, NC
William H. Weinel, Jr., M.D., Wilmington, NC
Edward S. Williams, Jr., M.D., Durham, NC

CLASS OF 1955
Number in class: 54
Percent donors: 56%
Julian S. Albergotti, Jr., M.D., Charlotte, NC
Ralph E. Brooks, Jr., M.D., High Point, NC
E. Ted Chandler, M.D., Thomasville, NC
Walter E. Deyton, M.D., Danville, VA
Griggs C. Dickson, M.D., Charlotte, NC
John W. Foust, M.D., Charlotte, NC
J. Eugene Glenn, M.D., Jacksonville, FL
Ira D. Godwin, M.D., Fairfax, VA
James W. Hayes, III, M.D., Burlington, NC
William D. Huffines, M.D., Chapel Hill, NC
Samuel G. Jenkins, Jr., M.D., Elizabeth City, NC
Robert C. Jordan, Jr., M.D., Sanford, NC
Samuel B. Joyner, M.D., Greensboro, NC
William L. London, IV, M.D., Durham, NC
Lloyd C. McCaskill, M.D., Maxton, NC
Clarence R. McLain, Jr., M.D., Cincinnati, OH
J. Thaddeus Monroe, Jr., M.D., Chapel Hill, NC
Thomas P. Moore, M.D., Jacksonville, NC
G. Irvin Richardson, M.D., Reidsville, NC
Harold R. Roberts, M.D., Chapel Hill, NC
Oliver F. Roddey, Jr., M.D., Charlotte, NC
C. William Rogers, M.D., Lebanon, TN
Mary F. Munch Rood, M.D., Raleigh, NC
Palmer F. Shelburne, M.D., Greensboro, NC
Henry L. Stephenson, Jr., M.D., Washington, NC
Francis A. Stewart, M.D., Marshville, NC
Robert L. Summerlin, Jr., M.D., Dublin, NC
G. Reginald Tucker, Jr., M.D., Emerald Isle, NC
William J. Waddell, M.D., Prospect, KY
W. Wallace White, M.D., Cincinnati, OH

CLASS OF 1956
Number in class: 53
Percent donors: 38%
Juris Bergmanis, M.D., Honolulu, HI
Richard A. Boyd, M.D., Statesville, NC
Wade M. Brannan, M.D., Port Arthur, TX
John W. Deyton, Jr., M.D., Jacksonville, NC
William E. Easterling, Jr., M.D., Chapel Hill, NC
Charles W. Fowler, III, M.D., Orlando, FL
Alexander F. Goley, M.D., Burlington, NC
Francis W. Green, M.D., Albemarle, NC
John L. Hazelhurst, III, M.D., Asheville, NC
Malcolm McLean, M.D., Charlotte, NC
William W. McLendon, M.D., Chapel Hill, NC
J. Doyle Medders, M.D., Louisburg, NC
Robert L. Murray, M.D., Roanoke, VA
Francis D. Pepper, Jr., M.D., Winston-Salem, NC
Carey J. Perry, M.D., Louisburg, NC
William R. Purcell, M.D., Laurinburg, NC
W. R. Stafford, Jr., M.D., Greensboro, NC
John W. Vassey, M.D., Raleigh, NC
William B. Wood, M.D., Chapel Hill, NC
Leonard S. Woodall, M.D., Smithfield, NC

CLASS OF 1957
Number in class: 51
Percent donors: 41%
H. John Bradley, Jr., M.D., Greensboro, NC
James H. Burrus, M.D., Shelby, NC
James R. Clapp, M.D., Durham, NC
Robert S. Cline, M.D., Sanford, NC
Luther H. Clontz, M.D., Morganton, NC
William P. Cornell, M.D., Phoenix, AZ
John K. Farrington, M.D., High Point, NC
J. Grayson Hall, M.D., Dobson, NC
Lois T. Harris, M.D., Chapel Hill, NC
Bennett A. Hayes, Jr., M.D., Fayetteville, NC
Jack B. Hobson, M.D., Charlotte, NC
J. Paul Hurst, Jr., M.D., Rydal, PA
Richard V. Liles, Jr., M.D., Albemarle, NC
H. Maxwell Morrison, Jr., M.D., Southern Pines, NC
Harvey A. Page, M.D., Pikeville, KY
James N. Slade, M.D., Edenton, NC
Nathaniel L. Sparrow, M.D., Raleigh, NC
James H. M. Thorp, M.D., Rocky Mount, NC
Gerald M. Wagger, M.D., Palo Alto, CA
Earl P. Welch, Jr., M.D., Winston-Salem, NC
Lucinda H. and Benson R. Wilcox, M.D., Chapel Hill, NC

CLASS OF 1958
Number in class: 50
Percent donors: 34%
James T. Alley, M.D., Macon, GA
Clarence A. Bailey, Jr., M.D., Durham, NC
D. Carl Biggers, M.D., Asheville, NC
John I. Brooks, Jr., M.D., Tarboro, NC
Andrew J. Courts, M.D., Greensboro, NC
James R. Edwards, M.D., Raleigh, NC
Nancy P. Fawcett, M.D., West Hollywood, FL
Mason D. Field, Jr., M.D., Dothan, AL
Thomas M. Haizlip, M.D., Raleigh, NC
John S. Howie, M.D., Raleigh, NC
Charles T. Macy, M.D., Lansdale, PA
John A. McGee, Jr., M.D., Charlotte, NC
Luther S. Nelson, M.D., Amarillo, TX
T. Lane Ormand, M.D., Monroe, NC
J. Richard Patterson, M.D., Danville, VA
W. Robert Story, M.D., Charlotte, NC
B. Everett Thompson, Jr., M.D., Cary, NC

CLASS OF 1959
Number in class: 53
Percent donors: 68%
J. Ted Best, M.D., Apex, NC

Photo by Will Owens

Recipients of Loyalty Fund merit awards and scholarships were recognized during the Fall Medical Alumni Weekend banquet. See page 19 for a list of the 33 scholars.

Robert W. Brawley, M.D., Charlotte, NC
Doris B. Braxton, M.D., Burlington, NC
Bobby C. Brown, M.D., Decatur, GA
Robert C. Brown, M.D., Chapel Hill, NC
D. Whitaker Davis, M.D., Wadesboro, NC
A. Eugene Douglas, Jr., M.D., Lumberton, NC
Everett H. Ellinwood, Jr., M.D., Durham, NC
Otis N. Fisher, Jr., M.D., Greensburo, NC
George W. Gentry, Jr., M.D., Roxboro, NC
John B. Gentry, M.D., Shelby, NC
Charles F. Gilbert, M.D., Greenville, NC
Joel S. Goodwin, M.D., Salisbury, NC
Robert L. Green, Sr., M.D., Winston-Salem, NC
Glenn E. Hair, M.D., Fayetteville, NC
O. James Hart, Jr., M.D., Mocksville, NC
A. Tyson Jennette, M.D., Wilson, NC
F. Smith Johnston, Jr., M.D., Raleigh, NC
Morris A. Jones, Jr., M.D., Durham, NC
David H. Jones, M.D., Raleigh, NC
David L. Kelly, Jr., M.D., Winston-Salem, NC
Kenneth B. Lewis, M.D., Winston-Salem, NC
Wilfred D. Little, Jr., M.D., Tampa, FL
Edward L. Mitchell, M.D., Prospect, KY
P. Milton Moore, Jr., M.D., Washington, NC
A. Sherman Morris, Jr., M.D., Asheville, NC
Julian W. Selig, Jr., M.D., Elizabeth City, NC
Martha K. Sharpless, M.D., Greensboro, NC
Edwin L. Stewart, M.D., Clearwater, FL
William W. Sutton, M.D., Wallace, NC
Shahane R. Taylor, Jr., M.D., Greensboro, NC
Charles E. Trado, Jr., M.D., Hickory, NC
C. Carl Warren, Jr., M.D., Charlotte, NC
R. Lee West, M.D., Greenville, NC
Franklin D. White, M.D., Siler City, NC
Robert G. Wilson, M.D., Prescott, AZ

CLASS OF 1960
Number in class: 64
Percent donors: 38%
William B. Abernethy, Jr., M.D., Gastonia, NC
William L. Black, M.D., Sevierville, TN
James A. Campbell, M.D., Charlotte, NC
John R. Curtis, M.D., Athens, GA
Charles P. Eldridge, Jr., M.D., Houston, TX
J. Thomas Fox, Jr., M.D., Charlotte, NC
Joseph C. Frye, Jr., M.D., Charlotte, NC
Robert H. Hackler, III, M.D., Richmond, VA
James R. Harper, M.D., Durham, NC
G. Wyckliffe Hoffler, M.D., Titusville, FL
E. Carwile LeRoy, M.D., Charleston, SC
J. Gray McAllister, III, M.D., Raleigh, NC
K. Franklin McCain, M.D., Winston-Salem, NC
Cecil H. Neville, Jr., M.D., Pinehurst, NC
Duncan S. Owen, Jr., M.D., Richmond, VA
Robert B. Payne, M.D., Mooresville, NC
Elizabeth V. Raft, M.D., Durham, NC
Robert F. Sloop, Jr., M.D., Wilson, NC
Elliott Solomon, M.D., Scarsdale, NY
G. Thomas Strickland, Jr., M.D., Baltimore, MD
John C. Tayloe, M.D., New Bern, NC
P. Burt Veazey, M.D., Sarasota, FL
John J. White, Jr., M.D., Winston-Salem, NC
John A. Young, II, M.D., Charlotte, NC

CLASS OF 1961
Number in class: 53
Percent donors: 40%
H. David Bruton, M.D., Carthage, NC
Benjamin W. Garrou, Sr., M.D., Valdese, NC
William S. Gibson, Jr., M.D., Riverside, PA
John C. Graham, Jr., M.D., Elizabeth City, NC
Donald P. Harris, M.D., Greensboro, NC
Richard W. Hudson, M.D., Bayboro, NC
William H. Kouri, M.D., Charlotte, NC
Zell A. McGee, M.D., Salt Lake City, UT
W. Stacy Miller, M.D., Raleigh, NC
A. Ray Newsome, M.D., Winston-Salem, NC
C. Rex O'Briant, M.D., Gilbert, AZ
Leonard E. Reaves, III, M.D., Windsor, NC
Bobby A. Richardson, M.D., Ocala, FL
W. Ray Samuels, M.D., Charlotte, NC
Edward A. Sharpless, M.D., Greensboro, NC
W. Ferrell Shuford, Jr., M.D., Wilmington, NC
Joshua Taylue, M.D., Washington, NC
S. J. Trachtenberg, M.D., Huntington Station, NY
Zebulon Weaver, III, M.D., Asheville, NC
Dunn A. Wells, M.D., Fort Lauderdale, FL
William H. White, Jr., M.D., Sanford, NC

CLASS OF 1962
Number in class: 54
Percent donors: 52%
Karl L. Barkley, M.D., Greensboro, NC
Oscar H. Bolch, Jr., M.D., San Diego, CA
William S. Bost, Jr., M.D., Greenville, NC
Lawrence M. Cutchin, M.D., Tarboro, NC
G. Thomas Davis, M.D., Asheboro, NC
Jerry J. Eller, M.D., Livingston, AL
Marion W. Griffin, M.D., Asheboro, NC
Frederick D. Hamrick, III, M.D., Lynchburg, VA
H. Gerard Hartzog, III, M.D., Raleigh, NC
Ray M. Hayworth, M.D., Knoxville, TN
Edward M. Hedgpeth, Jr., M.D., Durham, NC
Charles M. Hicks, M.D., Wilmington, NC
Arthur S. Lynn, Jr., M.D., Granite Falls, NC
J. Newton MacCormack, M.D., Raleigh, NC
John L. Monroe, M.D., Pinehurst, NC
Kenny J. Morris, M.D., Wilmington, NC
William J. Murray, M.D., Durham, NC
William A. Nebel, M.D., Chapel Hill, NC
Carl S. Phipps, M.D., Winston-Salem, NC
C. Glenn Pickard, Jr., M.D., Chapel Hill, NC
William R. Pitser, M.D., Winston-Salem, NC
J. Flint Rhodes, M.D., Raleigh, NC
Lambros C. Rigas, M.D., Rome, GA
D. Emerson Scarburough, Jr., M.D., Raleigh, NC
Fuller A. Shuford, M.D., Asheville, NC
James F. Smith, M.D., Palm Beach Gardens, FL
Henry C. Turner, M.D., Winston-Salem, NC
David T. Watson, M.D., Atlanta, GA

CLASS OF 1963
Number in class: 53
Percent donors: 45%
William P. Algary, M.D., Greenville, SC
Quincy A. Ayscue, M.D., Norfolk, VA
W. Paul Biggers, M.D., Chapel Hill, NC
Karl F. Bitter, M.D., Asheville, NC
J. Andrew Burnam, M.D., Fort Myers, FL
Donald L. Copeland, M.D., Huntersville, NC
Robert J. Cowan, M.D., Winston-Salem, NC
William B. Deal, M.D., Mountain Brooke, AL
J. Phillip Goodson, M.D., Raleigh, NC
Larry K. Jackson, M.D., Vienna, VA
William O. Jolly, III, M.D., Albemarle, NC
W. Bryan Latham, M.D., Miami, FL
Charles I. Loftin, III, M.D., Roanoke, VA
James L. Parker, M.D., Hickory, NC
Charles J. Sawyer, III, M.D., Ahoskie, NC
Samuel E. Scott, M.D., Burlington, NC
Richard W. Shermer, M.D., Chapel Hill, NC
David W. Sillmon, M.D., Greensboro, NC
Jerry A. Smith, M.D., Memphis, TN
William E. Thornton, M.D., Friendswood, TX
Kelley Wallace, Jr., M.D., Chocowinity, NC
Roy A. Weaver, M.D., Fayetteville, NC
James G. White, M.D., Ormond Beach, FL
David R. Williams, M.D., Thomasville, NC

CLASS OF 1964
Number in class: 56
Percent donors: 43%
Rudolf F. Albert, M.D., Roanoke, VA
Bruce H. Berryhill, M.D., Charlotte, NC
Winslow Brabson, M.D., Vashon, WA
Harry L. Broome, M.D., Alpharetta, GA
John R. Cella, M.D., Raleigh, NC
Roy L. Curry, Jr., M.D., San Francisco, CA
James F. Earnhardt, M.D., Winston-Salem, NC
John B. Fox, M.D., Paradise Valley, AZ
Clyde M. Gaffney, III, M.D., Carmichael, CA
G. Patrick Henderson, Jr., M.D., Southern Pines, NC

D. Charles Hunsinger, M.D., Springhill, LA
E. Woodrow Hunt, Jr., M.D., La Jolla, CA
Ronald L. Mauldin, M.D., Gainesville, FL
Noel B. McDevitt, M.D., Southern Pines, NC
Murphy F. McGirt, Jr., M.D., Atlantic, NC
William M. Monroe, M.D., Greenville, NC
Artus M. Moser, Jr., M.D., Swannannoa, NC
Robert E. Price, Jr., M.D., Chapel Hill, NC
Marshall E. Redding, M.D., Long Beach, CA
James W. Rose, Jr., M.D., Madison, WI
Russell C. Taylor, M.D., Boone, NC
Wayne B. Venters, M.D., Jacksonville, NC
C. Roberts Wheeless, Jr., M.D., Baltimore, MD
Robin N. Wooten, Jr., M.D., Lakeland, FL

CLASS OF 1965
Number in class: 56
Percent donors: 23%
G. William Bates, M.D., Greenville, SC
Takey Crist, M.D., Jacksonville, NC
Joe Paul Hurt, M.D., Ph.D., Sylva, NC
Robert T. Kindley, M.D., Shamong, NJ
Gordon B. LeGrand, M.D., Raleigh, NC
Donald D. McNeill, Jr., M.D., Lenoir, NC
Peter A. Modrow, M.D., Raleigh, NC
Thomas L. Presson, M.D., Greensboro, NC
William F. Sayers, M.D., Winston-Salem, NC
John B. Shinn, M.D., San Jose, CA
Evin H. Sides, III, M.D., Raleigh, NC
Williamson B. Strum, M.D., La Jolla, CA
Willis H. Williams, M.D., Atlanta, GA

CLASS OF 1966
Number in class: 64
Percent donors: 53%
J. Curtis Abell, M.D., Statesville, NC
Robert H. Bilbro, M.D., Raleigh, NC
William H. Bowers, M.D., Richmond, VA
Paul L. Burroughs, Jr., M.D., Raleigh, NC
George W. Cox, M.D., Atlanta, GA
J. Bernard Credle, M.D., Beaufort, SC
William M. Crutchfield, M.D., Elizabeth City, NC
Philip C. Deaton, M.D., Greensboro, NC
Wesley C. Fowler, Jr., M.D., Chapel Hill, NC
Edgar C. Garrabrant, III, M.D., Raleigh, NC
Cyrus L. Gray, III, M.D., Tampa, FL
George T. Grigsby, Jr., M.D., Las Vegas, NV
Carol H. Hackett, M.D., Mercer Island, WA
Lawrence D. Henry, M.D., Jefferson City, MO
Howard T. Hinshaw, M.D., Charlotte, NC
N. Neil Howell, M.D., Charlotte, NC
Elizabeth S. Hoyt, M.D., Cary, NC
William C. Hubbard, M.D., Raleigh, NC
Thomas J. Koontz, M.D., Winston-Salem, NC
Hugh A. McAllister, Jr., M.D., Houston, TX
Peter L. Morris, M.D., Santa Barbara, CA
Hugh G. Murray, Jr., M.D., Atlanta, GA
R. Kenneth Pons, M.D., Medford, OR
James A. Pressly, M.D., Charlotte, NC
Surry P. Roberts, M.D., Raleigh, NC
Charles K. Scott, M.D., Burlington, NC
Robert E. Sevier, M.D., Greensboro, NC
J. Lewis Sigmon, Jr., M.D., Charlotte, NC
Robert G. Simmons, M.D., Danville, VA
H. Lee Smyre, M.D., Greer, SC
Donald A. Thomas, M.D., Hendersonville, NC
W. Beverly Tucker, III, M.D., Henderson, NC
James H. Whicker, M.D., Raleigh, NC
James A. Yount, M.D., Charlotte, NC

CLASS OF 1967
Number in class: 66
Percent donors: 42%
F. Walton Avery, M.D., Chapel Hill, NC
Gerald W. Blake, M.D., Raleigh, NC
George G. Bonham, M.D., Rock Hill, SC
Thomas W. Bundy, M.D., Chambersburg, PA
C. Allan Eure, M.D., Raleigh, NC
David A. Evans, M.D., Monroe, NC
R. Donald Garrison, M.D., Jacksonville, FL
Jeremy W. Greene, M.D., San Antonio, TX
Howard D. Homesley, M.D., Winston-Salem, NC
L. Fuller Honeycutt, Jr., M.D., Raleigh, NC
T. Ruffin Hood, M.D., Brentwood, TN
James D. Hundley, M.D., Wilmington, NC
Linda H. Jackson, M.D., Arden, NC
William H. Jarman, Jr., M.D., Gastonia, NC
Frank W. Leak, Sr. M.D., Clinton, NC

Photo by Will Owens

(Left to Right) Bill Weatherly, M.D. '70 of Greensboro; Ted Kerner, M.D. '85 of Winston-Salem; and Dean Michael Simmons, M.D., were among the new Loyalty Fund Associates recognized at the Fall Medical Alumni Weekend. They received prints of a watercolor painting of MacNider Hall.

Robert W. Madry, Jr., M.D., Corpus Christi, TX
W. Jason McDaniel, Jr., M.D., Raleigh, NC
Sharon N., Ph.D., & G. Farrell McNeely, M.D., Gainesville, FL
Rudolph I. Mintz, Jr., M.D., Kinston, NC
Harold B. Owens, M.D., Danville, VA
Gerald Pelletier, Jr., M.D., New Bern, NC
Bruce A. Phillips, Jr., M.D., Elizabethtown, NC
Albert L. Roper, II, M.D., Norfolk, VA
Douglas M. Russell, M.D., Goldsboro, NC
James H. Spruill, M.D., Jackson, TN
Henry C. Thomason, Jr., M.D., Gastonia, NC
Benjamin K. Ward, Jr., M.D., Florence, SC
Barry M. Welborne, M.D., Charlotte, NC

CLASS OF 1968
Number in class: 59
Percent donors: 39%
Joseph P. Archie, Jr., M.D., Raleigh, NC
George W. Bensch, M.D., Stockton, CA
Edward W. Davidian, M.D., Chapel Hill, NC
Alan Davidson, III, M.D., Long Meadow, MA
Terry D. Golden, M.D., Atlanta, GA
Joseph W. Griffin, Jr., M.D., Augusta, GA
Samuel R. Harris, II, M.D., Lexington, NC
Thomas L. Henley, M.D., San Marcos, CA
John L. Kirkland, III, M.D., Houston, TX
Edward W. Kouri, M.D., Charlotte, NC
Jerold E. Lancourt, M.D., Dallas, TX
R. Frank Lowry, Jr., M.D., Raleigh, NC
John C. Markham, III, M.D., Augusta, GA
David M. Rubin, M.D., Greensboro, NC
Robert B. Shearin, M.D., Rockville, MD
Valerie L. Stallings, M.D., Norfolk, VA
George S. Stretcher, M.D., Spartanburg, SC
William S. Teachey, M.D., Virginia Beach, VA
F. Charles Tucker, Jr., M.D., Gulf Breeze, FL
Robert C. Vanderberry, Jr., M.D., Raleigh, NC
J. Allen Whitaker, III, M.D., Wilson, NC
Roberta G. Williams, M.D., Los Angeles, CA
Jerry C. Woodard, M.D., Wilson, NC

CLASS OF 1969
Number in class: 64
Percent donors: 63%
H. Wallace Baird, M.D., Greensboro, NC
Edward H. Brenner, M.D., Freehold, NJ
John G. Briggs, Jr., M.D., Fayetteville, NC
J. Hugh Bryan, M.D., Fayetteville, NC
W. Woodrow Burns, Jr., M.D., Chapel Hill, NC
Don C. Chaplin, M.D., Burlington, NC
R. Samuel Cromartie, III, M.D., Ormand Beach, FL

Andrew Davidson, M.D., New Bern, NC
Stewart L. Ellington, M.D., Salt Lake City, UT
C. Ellis Fisher, M.D., Gastonia, NC
C. Richard Fleming, M.D., Jacksonville, FL
Hugh J. Grant, Jr., M.D., Raleigh, NC
Frank B. Gray, M.D., Knoxville, TN
G. Patrick Guiteras, M.D., Chapel Hill, NC
Lynous W. Hall, M.D., Mission Hills, CA
Edward W. Haselden, Jr., M.D., Columbia, SC
J. Thomas John, Jr., M.D., Nashville, TN
John G. Johnston, M.D., Charlotte, NC
Richard A. Keever, M.D., High Point, NC
C. Dayton Kirk, M.D., Raleigh, NC
Edward H. Lesesne, Jr., M.D., Canton, NC
Henry J. MacDonald, Jr., M.D., New Bern, NC
R. James MacNaughton, Jr., M.D., Greenville, SC
Donald W. MacQueen, M.D., Wilmington, NC
J. Tift Mann, III, M.D., Raleigh, NC
George E. Newsome, M.D., Wilson, NC
David W. Pearsall, Jr., M.D., Greenville, NC
H. Harris Pittman, M.D., Rome, GA
James S. Powers, M.D., Cabin John, MD
Joseph D. Russell, M.D., Wilson, NC
J. Franklin Sanderson, Jr., M.D., Hampton, VA
David S. Sheps, M.D., Chapel Hill, NC
James W. Snyder, M.D., Wilmington, NC
Karen C. Sorrels, M.D., Midlothian, VA
Franklin T. Tew, M.D., Windermere, FL
John G. Thornburg, M.D., Spartanburg, SC
W. Robert Turlington, M.D., Jacksonville, NC
Nelson B. Watts, M.D., Atlanta, GA
C. Thomas Whiteside, M.D., Mt Pleasant, SC
Russell E. Williams, Jr., M.D., Wichita Falls, TX

CLASS OF 1970
Number in class: 70
Percent donors: 43%
William C. Allsbrook, Jr., M.D., Martinez, GA
Charles M. Almond, M.D., Wilmington, NC
H. Clifford Baggett, Jr., M.D., Rocky Mount, NC
Jerry C. Bernstein, M.D., Raleigh, NC
James P. Browder, III, M.D., Durham, NC
William J. Busby, M.D., Thomasville, NC
Harold H. Cameron, M.D., New Bern, NC
Daniel L. Crocker, Jr., M.D., Rocky Mount, NC
H. Shelton Earp, III, M.D., Chapel Hill, NC
Mary H. Edwards, M.D., Pittsburgh, PA
Richard M. Freeman, M.D., Opelika, AL
James O. Goodwin, M.D., Henderson, NC
Stephen L. Green, M.D., Newport News, VA
W. Borden Hooks, Jr., M.D., Mount Airy, NC
Donald D. Howe, M.D., Gastonia, NC
Mark G. Janis, M.D., Seal Beach, CA

William R. Jordan, M.D., Fayetteville, NC
Frederick G. Kroncke, Jr., M.D., Rocky Mount, NC
Edward A. Norfleet, M.D., Chapel Hill, NC
R. Kirby Primm, M.D., Wenatchee, WA
David A. Rendleman, III, M.D., Raleigh, NC
Thomas A. Roberts, Jr., M.D., Charlotte, NC
James B. Sloan, M.D., Wilmington, NC
Kenneth W. Smithson, M.D., Phoenix, AZ
Charles E. Thompson, M.D., New Rochelle, NY
T. Reed Underhill, M.D., New Bern, NC
Ross L. Vaughan, M.D., Raleigh, NC
William J. Weatherly, M.D., Greensboro, NC
James E. Winslow, Jr., M.D., Hurdle Mills, NC
John W. Zirkle, M.D., Jefferson City, TN

CLASS OF 1971
Number in class: 72
Percent donors: 40%
John V. Affcott, III, M.D., Eugene, OR
J. Richard Auman, M.D., Cary, NC
Charles B. Brett, M.D., Greensboro, NC
Enser W. Cole, III, M.D., Severna Park, MD
James S. Coxe, III, M.D., Raleigh, NC
John T. Cuttino, Jr., M.D., Lexington, MA
James S. Fulghum, III, M.D., Raleigh, NC
Mary Susan Fulghum, M.D., Raleigh, NC
Joe E. Gaddy, Jr., M.D., Winston-Salem, NC
Clarence A. Griffin, III, M.D., Boca Grande, FL
James S. Henning, M.D., Los Altos, CA
William D. Kassens, Jr., M.D., Wilmington, NC
Michael R. Knowles, M.D., Chapel Hill, NC
Donald V. Lewis, M.D., Cooperstown, NY
Edgar W. Little, M.D., Greensboro, NC
James S. McFadden, M.D., Pinehurst, NC
Jonathan O. McLean, M.D., Charlotte, NC
Philip D. Meador, Jr., M.D., Henderson, NC
Frederick S. Neuer, M.D., Emporia, KS
William B. Pittman, M.D., Rocky Mount, NC
R. Randolph Powell, M.D., Fox Point, WI
John O. Reynolds, Jr., M.D., Salisbury, NC
James A. Shivers, M.D., Asheville, NC
Sara H. Sinal, M.D., Winston-Salem, NC
G. Terry Stewart, II, M.D., Wilmington, NC
John P. Surratt, M.D., Clinton, NC
George C. Venters, M.D., Raleigh, NC
David K. Wagoner, M.D., Charlotte, NC
William W. Webb, Jr., M.D., Salisbury, NC

CLASS OF 1972
Number in class: 68
Percent donors: 35%
Myron H. Brand, M.D., Madison, CT
Peter R. Bream, M.D., Jacksonville, FL
L. Franklin Cashwell, Jr., M.D., Greensboro, NC
W. Andrew Cook, M.D., Houston, TX
Randolph B. Cooke, M.D., Owego, NY
Charles Davant, III, M.D., Blowing Rock, NC
J. McNeill Gibson, M.D., Davidson, NC
Karen W. Green, M.D., Holden, MA
Alger V. Hamrick, III, M.D., Raleigh, NC
L. Clayton Harrell, III, M.D., Charlotte, NC
Sampson E. Harrell, M.D., Durham, NC
John T. Henley, Jr., M.D., Fayetteville, NC
John S. Hughes, M.D., New Haven, CT
Joseph A. Jackson, M.D., Pilot Mountain, NC
Howard S. Kroop, M.D., Woodbury, NJ
Robert W. Little, Sr., M.D., Burlington, NC
William E. Long, M.D., Newton, NC
John R. Lurain, III, M.D., Oak Park, IL
Steven R. Mills, M.D., Fairfax Station, VA
Ronald A. Moore, M.D., New Bern, NC
James S. Reed, M.D., Gig Harbor, WA
William C. Tate, II, M.D., Banner Elk, NC
Lee A. Whitehurst, M.D., Raleigh, NC
G. Dean Wilson, Jr., M.D., Johnson City, TN

CLASS OF 1973
Number in class: 79
Percent donors: 25%
Frederic F. Bahnson, III, M.D., Bozeman, MT
Charles E. Baker, Jr., M.D., Crossnore, NC
Stephen A. Bernard, M.D., Chapel Hill, NC
Stephen B. Billick, M.D., New York, NY
Melvin L. Clayton, M.D., Ahoskie, NC
Charles H. Edwards, II, M.D., Charlotte, NC
E. Ruffin Franklin, Jr., M.D., Raleigh, NC
Terry L. Fry, M.D., Georgetown, SC
E. Daniel Griffin, Jr., M.D., Charlotte, NC
David A. Grimes, M.D., San Francisco, CA
J. Charles Jennette, M.D., Chapel Hill, NC
James N. Martin, Jr., M.D., Jackson, MS
S. Tyrus Maynard, Jr., M.D., Black Mountain, NC
James L. Maynard, M.D., Rock Hill, SC
Gary S. Niess, M.D., Charlotte, NC
David R. Patterson, M.D., Greensboro, NC
Michael F. Robinson, M.D., Palos Verdes Pen, CA
C. Stewart Rogers, M.D., Greensboro, NC
David E. Sharp, M.D., Ph.D., Alto, MI
Robert R. Walther, M.D., New York, NY

CLASS OF 1974
Number in class: 96
Percent donors: 34%
Robert M. Alsup, M.D., Winston-Salem, NC
Charles B. Beasley, M.D., Kinston, NC
Thomas W. Bouldin, M.D., Chapel Hill, NC
Donald C. Brown, M.D., Cary, NC
Paul S. Cammitz, M.D., Greenville, NC
David R. Clemmons, M.D., Chapel Hill, NC
Charles D. Collins, M.D., Rockingham, NC
Martha F. Goetsch, M.D., Portland, OR
Stephen S. Hawkins, M.D., Hixson, TN
J. Harden Howell, III, M.D., Wenatchee, WA
C. Norman Hurwitz, M.D., Hamilton, OH
Joseph M. Jenkins, M.D., Fayetteville, NC
William H. Katz, M.D., Auburn, ME
Kenneth R. Kulp, M.D., Raleigh, NC
John A. Lang, III, M.D., Raleigh, NC
William D. Lee, Jr., M.D., Raleigh, NC
Willis E. Martin, M.D., Rocky Mount, NC
Sheppard A. McKenzie, III, M.D., Raleigh, NC
William H. Moretz, Jr., M.D., Augusta, GA
W. Alton Murphy, M.D., Raleigh, NC
Clyde Nolan, Jr., M.D., Greensboro, NC
H. Clifton Patterson, III, M.D., Raleigh, NC
Harold C. Pollard, III, M.D., Winston-Salem, NC
Jan H. Postma, Jr., M.D., Spartanburg, SC
Thomas W. Powell, M.D., Concord, NC
C. Fredric Reid, M.D., Winston-Salem, NC
Roger L. Snow, M.D., Boston, MA
David E. Tart, M.D., Hickory, NC
David T. Tayloe, Jr., M.D., Goldsboro, NC
John W. Thornton, III, M.D., North Augusta, SC
Charles H. Weiss, M.D., Newton, MA
William G. Wilson, M.D., Charlottesville, VA
D. Bryan Young, M.D., Florence, AL

CLASS OF 1975
Number in class: 99
Percent donors: 34%
E. Jackson Allison, Jr., M.D., Greenville, NC
James F. Black, M.D., Lexington, NC
Sherif B. Botros, M.D., Wilmington, NC
Julian T. Brantley, Jr., M.D., Vienna, VA
Patrick G. Bray, M.D., Cleveland, OH
E. Drew Bridges, M.D., Wake Forest, NC
Clarence E. Fogleman III, M.D., Colorado Springs, CO
Frank B. Fondren, III, M.D., Mobile, AL
Richard F. Fox, M.D., Greensboro, NC
Donald G. Gregg, M.D., Greenville, SC
Eric H. Helsabeck, M.D., Asheboro, NC
Ernest F. Krug, III, M.D., Rochester, MI
David S. Lennon, M.D., Charlotte, NC
Gary M. McClain, M.D., Tequesta, FL
Michael W. Meriwether, M.D., Sarasota, FL
Frank H. Moretz, M.D., Asheville, NC
Wade H. Moser, Jr., M.D., Raleigh, NC
Dan A. Myers, M.D., Kinston, NC
W. Ronald Neal, M.D., Greensboro, NC
Lanning R. Newell, M.D., Raleigh, NC
M. Harrell Odom, M.D., Key West, FL
Henry E. Parfitt, Jr., M.D., Fayetteville, NC
Charles J. Parker, M.D., Salt Lake City, UT
James E. Peacock, Jr., M.D., Winston-Salem, NC
Joseph B. Philips, III, M.D., Birmingham, AL
Hoke D. Pollock, M.D., Wilmington, NC
Joseph R. Pringle, Jr., M.D., Burlington, NC
Michael A. Stang, M.D., Pikesville, MD
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Number in class: 118
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Number in class: 155
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Photo By Will Owens

Carwile LeRoy, M.D. '60 of Charleston, S.C., tries his hand at a new computer system in the Medical Alumni Association Computer Laboratory following the dedication ceremony during the Fall Medical Alumni Weekend.

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Ms. Jane Ketner Pritchard, Tulsa, OK
Ms. Sherron P. Rowe, Kinston, NC

Class Notes

Manning Berryhill Club

40s

Bill Tenenblatt, M.D. '42, has retired from OB/GYN practice. He is building a house in Lake Worth, Florida.

Lloyd Pate, M.D. '47, has retired from family practice and is living in Hope Mills, NC.

50s

Richard V. Liles Jr., M.D. '57, is now serving as 12th District Councilor for the N.C. Medical Society. He is assistant consulting professor, Department of Community and Family Medicine, at Duke University Medical Center.

70s

Gary R. Krieger, M.D. '77, is a principal with Dames & Moore. He also is editor and chief author of the National Safety Council's newly published book, ***Accident Prevention Manual: Environmental Management.***

Margie Sved, M.D. '79, reports that her daughter, Eliana Clare, born Aug. 8, 1993, in Guatemala, came home in January. Sved is division director of adult psychiatry at Dorothea Dix Hospital in Raleigh.

Hugh Craft, M.D. '79, is vice president of the Virginia Pediatric Society and is co-hosting a weekly television show on children's health issues on Blue Ridge Public Television. Craft resides in Roanoke.

80s

Joseph L. Brady Jr., M.D. '82, is medical director of the intensive care nursery at Presbyterian Hospital in Charlotte, NC. He recently completed a neonatal-perinatal fellowship in Chapel Hill and joined a neonatology practice in Charlotte.

Kim Mogan Myers, M.D. '83, recently began working at Sim Galmi Hospital, a Christian hospital in Niger, West Africa. She lives in Niger with her husband and three children.

Barbara Sheline, M.D. '84, M.P.H., is a clinical assistant professor of community and family medicine at Duke University School of Medicine. She recently was named assistant dean for primary care. Sheline lives in Durham with her husband, Jonathan, M.D. '84, and children Jenny and Sam.

Leslie A. Bunce, M.D. '85, and her husband, Michael Jushchuk, have a new son, Michael Paul, born in October 1993. She is assistant professor of medicine at the University of Rochester. Bunce and her family live in Rochester.

Tom Paulson, M.D. '87, is co-director of a new pediatric intensive care unit in Columbia, SC. He and Heidi welcome their friends to visit.

Phil Thwins, M.D. '88, is finishing his last year of military duty in West Germany as chief of family practice at the Sembach Clinic. He spends his free time snow skiing.

Mary Frances Casey Moody, M.D. '89, has completed a residency in obstetrics and gynecology at Carolinas Medical Center in Charlotte. Moody is in private practice with the Raleigh OB-GYN Center. She is married to Howard E. Moody Jr.

90s

Wanda Nicholson, M.D. '90, of San Francisco, is a Robert Wood Johnson Clinical Scholar at the University of California at San Francisco.

Patricia E. Clark, M.D., Housestaff '90 and '94, has opened a private practice in psychiatry in Pittsboro. She completed residencies at UNC Hospitals in medicine ('90) and psychiatry ('94). She lives in Chatham County with her husband, John, and their two children.

Saralynn Reid Williams, M.D., Housestaff '90-'91, finished an emergency medicine residency in June. She served as chief resident from July '93 to June '94. She is now in a fellowship for medical toxicology at the University of California at San Diego.

James M. Coggin, M.D. '91, is in private practice at the Family Medical Center in Sanford, NC. Coggin resides in Wilmington.

Crystal Duncan, M.D., and Seth Katz, M.D., both '91, were married Sept. 24. They are living in Tucson, Arizona, where Crystal is an anesthesia resident and Seth is a resident in OB/GYN.

Danny Silver, M.D. '91, is working with a multispecialty group serving the Choctaw Indians in the mountains of Oklahoma.

Arlene Nichols Miller, M.D. '93, is now a resident in psychiatry at UNC Hospitals. She lives in Burlington.

Melinda Taylor, M.D. '93, a pediatric resident at UNC Hospitals, was married to Rick Wyatt on Aug. 13. The couple lives in Raleigh.

President's Letter

As this issue goes to press, the football season is under way in Chapel Hill, and by the time you have received it, I hope many of us will have had a chance to meet and greet at Kenan Stadium or elsewhere on campus. Perhaps the Fall Medical Alumni Weekend will have brought us together with the superb CME symposium on hematological malignancies and the banquet honoring Loyalty Fund Associates and the student recipients of Alumni Scholarships. Or maybe you attended the Norma Berryhill Lecture by Dr. Judson Van Wyk.

Dean Simmons has, of course, arrived and is hard at work, already wondering (I am told) how he can possibly meet all the responsibilities of his crowded agenda! As time allows, he will be visiting many of our communities to join alumni gatherings, and I hope each of you will take advantage of those opportunities to meet Dean Simmons and to get to know him better. This is a good time to renew our support of the Dean and our medical school through the work of our association, through the clinical teaching so many of you do, and by perpetuating our generous financial support of the Alumni Loyalty Fund.

As the information age explodes, our association's gift of the computer laboratory to the Health Sciences Library becomes particularly timely and pertinent. It stands as tangible evidence of the critical relationship between our philanthropy and the medical center's excellence and of the critical link between alumni and medical students. That bond is further strengthened through the scholarships and research grants we have been able to provide. Such projects become reality only through our generous giving to the unrestricted Loyalty Fund and are complementary to, not duplicative of, our restricted support donated through endowments, chairs or other designated gifts.

As the new year approaches, the annual Loyalty Fund Campaign will be well under way, and it merits your serious consideration and your most generous response. Remember, what we do may provide just the critical edge to ensure that our medical school remains a great one as opposed to a very good one.

It is my intention to visit many of the Loyalty Fund Campaign receptions throughout the state, and I will look forward to seeing you there. Meanwhile, my fond professional regards to each of you and personal regards to those of you whom I know. And remember, especially in these days of difficult change and transition for all of us, if there are ways that our Alumni Association can better serve your needs, speak up — for that, too, is one of our purposes.

Robert E. Sevier, M.D.

Photo by Dan Crawford

CME/Alumni Calendar

	Medical Alumni Activities	
December 2-3	Electrocardiogram Reading Course	Chapel Hill
January 19-20	Challenges in Geriatric Practice	Chapel Hill
February 17	Lawrence Zollicoffer Lecture: Mark D. Smith, M.D. '83	Chapel Hill
February 23-24	TEACCH Winter In-Service Training	Durham
February 23	Guilford County Alumni Reception	Greensboro
March 1	Mecklenburg County Alumni Reception	Charlotte
March 2	Urology Conference	Chapel Hill
March 8	Forsyth County Alumni Reception	Forsyth
April 5-8	Annual Internal Medicine Conference	Chapel Hill
April 21-22	Spring Medical Alumni Weekend	Chapel Hill

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Eduction and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call 1-800-862-6264.

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